



ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NYD002107399

INSTALLATION ADDRESS

TRICO PRODUCTS CORPORATION  
817 WASHINGTON ST  
BUFFALO NY 14203  
  
817 WASHINGTON ST  
BUFFALO NY 14203





## **Inspection Report**

**Trico Products Corp.  
817 Washington Street  
Buffalo, NY 14203**

**Inspector:** Edward J. Guster III, Environmental Scientist, USEPA Region 2

**Date of Inspection:** March 5, 2003

**Time of Inspection:** 1:00 P.M

**EPA ID #:** NYD 002107399

**Reason for Inspection:** CEI

**Attendees:**

N/A

**Background:**

This building site used to be a Trico owned building. Trico left the building in 2000 and moved to its current site at 50 Thielman Drive in Buffalo.

**Inspection Summary**

Mr. Guster entered the building and presented his credentials to the guard on duty. He asked for the location of Trico. The guard stated that Trico had left the building about 1999 or 2000 and he stated that they moved to 50 Thielman Drive on the other side of town.

Manifest records show that the last manifest shipped waste was sent out from Trico, at this facility, in 2002 for 9200 Killograms of B001 waste. Prior to that, manifest records indicate that July 30 2001 was the last shipment of waste for 4800 pounds total of D001 and D002 waste.

After meeting with Trico officials at 50 Thielman Drive, they stated that they left the building in 1999 and that the resulting waste after that year was from dismantling the equipment and shipping it as waste. Trico owned 5 floors in the building.

**Records Review**

The following records were reviewed:

Not Applicable

**Environmental Concerns and Comments**

Not Applicable

**Recommendations**

A change of generator status form will be filled out for this ID number and facility.





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

03/21/2002

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**EPA I.D. NUMBER**

**NYD002107399**

**INSTALLATION NAME**

**CENTURY CENTRE I**

**INSTALLATION ADDRESS**

**817 WASHINGTON ST  
BUFFALO, NY 14203**

**MAILING ADDRESS**

**1301 FRENCH ST  
ERIE, PA 16501**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866**

**ATTN: JACK HOYT  
Tel : (212) 637-4106  
Fax: (212) 637-4949**

**TO: CENTURY CENTRE I  
or Current Occupant  
ATTN: JOSEPH GIUSIANA - VICE PRES  
1301 FRENCH ST  
ERIE, PA 16501**



Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

3-20-92

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NY 14203-14203-1

II. Name of Installation (Include company and specific site name)

CENTURY CENTRE LTD PARTNERSHIP

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

CENTURY CENTRE I

Street (Continued)

817 WASHINGTON STREET

City or Town

BUFFALO

State

Zip Code

NY 14203-14203-1

County Code

County Name

ERIE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1301 FRENCH STREET

City or Town

ERIE

State

Zip Code

PA 16501-16501-1

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

GIUSIANA

JOSEPH

Job Title

Phone Number (Area Code and Number)

VICE PRESIDENT

716-856-2580

Ext:

VI. Installation Contact Address (See instructions)

FAX: (716) 856-2580

A. Contact Address  
Location Mailing

B. Street or P.O. Box



77 GOODELL STREET

City or Town

BUFFALO

State

Zip Code

NY 14203-14203-1

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CENTURY CENTRE LTD PARTNERSHIP

Street, P.O. Box, or Route Number

1301 FRENCH STREET

City or Town

ERIE

State

Zip Code

PA 16501-16501-1

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date Changed  
Month Day Year

814-455-8717

P

P

Yes



No

052499

Address verified





ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

## A. Hazardous Waste Activities

1. ☒ Generator (See Instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. ☐ Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify \_\_\_\_\_
- ☐ 3. ☐ Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.
- ☐ 4. ☐ Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. ☐ Underground Injection Control

## C. Used Oil Management Activities

1. ☐ Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. ☐ Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
3. ☐ Off-Specification Used Oil Burner
4. ☐ Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Listed Hazardous Wastes. (See 40 CFR 261.31-33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20-261.24; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

D006 D007 D008 D009

## C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
B004	B005	B006	002		

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

MANAGING MEMBER OF MIDTOWN RENOVATION  
NEW YORK, LLC, GENERAL PARTNER  
OF CENTURY CENTRE LIMITED PARTNERSHIP

3/15/02

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)









1301 French Street  
Erie, Pennsylvania 16501  
814-455-8717

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2002 MAR 20 AM 10:03  
RCRA PROGRAMS  
BRANCH

March 19, 2002

**VIA FEDERAL EXPRESS**

US EPA Region II  
Waste Management  
ATTN: RCRA Notifications  
290 Broadway, 22<sup>nd</sup> flr.  
New York, NY 10007-1866

ATTENTION: Mr. Jack Hoyt

**Re: Century Centre I (former Trico Products Building)  
817 Washington Street, Buffalo, NY**

Dear Mr. Hoyt:

Enclosed you will find a completed and executed Notification of Regulated Waste Activity (EPA Form 8700-12) for the above-mentioned property. Please advise me as soon as possible of the EPA identification number assigned to this installation.

Thank you.

Very truly yours,

William F. Schober  
Vice President/General Counsel  
(Admitted in New York State)

WFS:clj

Enclosure

cc: Joseph P. Giusiana, P.E. (w/encl. via fax to 716-856-2580)  
James A. Wehner (w/encl. via fax to 716-298-5754)

corresp.hoyt.c19



## RCRA INSPECTION SUMMARY: Trico Products Corporation

**Facility Address:** 817 Washington Street  
Buffalo, NY 14203

**EPA ID No:** NYD002107399

FILE COPY

**Inspection date:** 09/18/98

**Inspector(s):** Leonard Voo (DECA-RCB)

**Facility Representative:**

Christine Markham<sup>1</sup>  
(716) 852-5700

**Prepared by:** Leonard Voo

*Reviewed by*  
**Approved by:**

Gm 12/1/98 1 1

### Facility Operations and Description:

This is a 24 hour plant that manufactures automotive window wiper parts.

### Hazardous Waste Activities:

This facility does not generate any hazardous wastes through any of its manufacturing operations. This was determined through sample analyses and by using generator knowledge (MSDS sheets). Some paint wastes are generated and are handled as hazardous wastes. The facility is a CE-SQG.

This facility is no longer a transporter of hazardous wastes.

The facility's hazardous waste storage area contained 2-55 gallon drums. One contained waste pads and was dated 8/17/98. It is not identified as hazardous waste. The other drum contained waste paint and was dated 9/22/97 and identified as D001 waste.

### Potential Violations:

RCRA - None.

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<sup>1</sup>Miss Markham is the facility environmental coordinator. She was out on training during the time of the inspection but was made available through via a telephone call. Mr. XXXX was the on-site contact during this inspection.

**Follow-up:**

Call to obtain copies of Manifests and Send a thank you letter.  
Submit RCRIS data discrepancy Sheet with corrections.



DEC 11 1998

Ms. Christine Markham  
Trico Products Corporation  
817 Washington Street  
Buffalo, NY 14203

Re: Compliance Evaluation Inspection, 9/18/98  
Trico Products Corporation (NYD002107399)

Dear Ms. Markham:

Trico Products Corporation ("facility") was inspected by a representative of the U.S. Environmental Protection Agency (EPA) on or about September 18, 1998. Your facility was determined to be in compliance with the requirements of the Resource Conservation and Recovery Act (RCRA) of 1976, as amended.

Thank you for your cooperation in EPA's effort to ensure the safe handling and disposal of regulated hazardous waste. However, please be advised that your facility is under the continuing obligation to comply with all the applicable state and federal regulations regarding the management of hazardous waste. If you have any questions about the requirements of RCRA, please call our toll-free RCRA Hotline at 800-424-9346. If you have any specific questions about this inspection, please contact Leonard Voo at 212-637-4135.

Sincerely,

George C. Meyer, P.E.  
Chief, RCRA Compliance Branch

cc: Salvatore Carlomagno, Chief  
Hazardous Waste Compliance Section  
New York State Department of Environmental Conservation



bcc: Leonard Voo, 2DECA-RCB  
RCRA file







A Stant Company

NYD 602 107 399

September 21, 1998

EPA-REGION II  
98 SEP 29 AM 10:22  
RCRA COMP. BR.

Mr. Leonard L. Voo  
Senior Enforcement Specialist  
USEPA, 2AWM-HWC  
290 Broadway, 22<sup>nd</sup> Floor  
New York, NY 10007-1866

Dear Mr. Voo:

Please find manifests and associated land disposal restrictions for April 16, 1997 and December 19, 1997 enclosed.

If you need any additional information, please call me at (716) 857-3013.

Sincerely,

Christine Markham  
Safety/Environmental Manager

Enclosures

Plants in North America:  
Brownsville, Texas / Buffalo, New York / Matamoros, Mexico  
Plants around the world:  
Pontypool, Wales, U.K. / Springvale, Australia

TRICO PRODUCTS CORPORATION  
817 Washington Street  
Buffalo, NY 14203-1298  
Phone: 716/852-5700  
Fax: 716/852-0862





## HAZARDOUS WASTE MANIFEST

P.O. Box 12820, Albany, New York 12212

Form Approved OMB No. 2050-0039 Expires 9-30-94

Please print or type. Do not Staple.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA No.	Manifest Document No.	2. Page 1 of 2	Information in the shaded areas is not required by Federal Law.	
3. Generator's Name and Mailing Address TRICO PRODUCTS CORP. 817 WASHINGTON ST. BUFFALO, N.Y. 14203		NY0002107399		A. State Manifest Document No. NY B 473411 7		
4. Generator's Phone (716) 857-3013				B. Generator's ID SARIE		
5. Transporter 1 (Company Name) <del>FRANK'S VALU...</del>		6. US EPA ID Number NY0482792814		C. State Transporter's ID 11276P N1		
7. Transporter 2 (Company Name) HAZMAT ENV GROUP		8. US EPA ID Number NY0989479997		D. Transporter's Phone (716) 284-2452		
9. Designated Facility Name and Site Address CWAI CHEMICAL SERVICES, INC. 1550 BALMER RD. MODEL CITY, N.Y. 14107		10. US EPA ID Number NY0044336679		E. State Transporter's ID PA 97716 (NY)		
				F. Transporter's Phone (716) 284-2452		
				G. State Facility's ID		
				H. Facility's Phone (716) 754-8731		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.	
a. WASTE FLAMMABLE LIQUID, N.O.S. (TOLUENE, XYLENE) -10 3, UN1193, PGI ERG 128		001	DM00030	G	EPA 0001 STATE	
b. WASTE CHROMIC ACID, SOLID -11 5,1, NA 1463, PGI ERG 141		001	DM00050	F	EPA 0001 STATE	
c. WASTE CORROSIVE LIQUID, N.O.S. ACID (SULFURIC ACID, FERRIC CHLORIDE) -12 8, UN1760, PGI ERG 154		001	DF00030	G	EPA 0002 STATE	
d. WASTE CORROSIVE LIQUID, ALKALINE, BASIC (AMMONIUM HYDROXIDE) -13 8, UN1760, PGI		001	DF00005	G	EPA 0002 STATE	
J. Additional Descriptions for Materials listed Above		K. Handling Codes for Wastes Listed Above				
a. F003, F005		a. B b. B				
b. D007		b. B c. B				
15. Special Handling Instructions and Additional Information a) BY-2124 d) BY-2132 TP-2 SERVICE REQUEST 355593 b) BY-2130 INFOTRAC 1-800-535-5053 c) BY-2132 TP-1 CHEMTREC EMER. RESPONSE NO. (800) 434-4300		8465310				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and state laws and regulations. If I am a large quantity generator, I certify that I have program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR if I am a small generator, I have made a good faith effort to minimize my waste and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name CHRISTINE MARKHAM		Signature Christine Markham		Mo. Day Year 04/16/97		
17. Transporter 1 (Acknowledgement of Receipt of Materials)		Signature		Mo. Day Year		
Printed/Typed Name		Signature		Mo. Day Year		
18. Transporter 2 (Acknowledgement of Receipt of Materials)		Signature		Mo. Day Year		
Printed/Typed Name KENNETH JOYAL		Signature Kenneth Joyal		Mo. Day Year 04/16/97		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						
Printed/Typed Name LISA M Robins		Signature Lisa M Robins		Mo. Day Year 04/16/97		



**UNIFORM HAZARDOUS  
WASTE MANIFEST  
(Continuation Sheet)**

Generator's US EPA ID No.

Manifest  
Document No.

22. Page

Information in the shaded areas is not  
required by Federal law.

N.Y.D.O.02.1.0.73.9.9/3.4.1.1.7

20F2

3

23. Generator's Name

TRICO PRODUCTS CORP.  
817 WASHINGTON ST.  
BUFFALO, N.Y. 14203 716-857-3013

L. State Manifest Document Number

N4B4734117

M. State Generator's ID

SAME

24. Transporter Company Name

FRANKS VACUUM TRUCK SERVICE, INC.

25. US EPA ID Number

N.Y.D.9.8.2.7.9.2.8.1.4

N. State Transporter's ID

1127612 NY

O. Transporter's Phone

716-284-2132

26. Transporter Company Name

HAZMAT ELU/Group

27. US EPA ID Number

N.Y.D.9.8.0.7.6.9.9.4.7

P. State Transporter's ID

716-827-7200

Q. Transporter's Phone

716-776-7171 (NY)

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a.	WASTE ORGANIC PEROXIDE TYPE D, LIQUID	29. Containers No	Type	30. Total Quantity	31. Unit Wt/Vol	R. Waste No.
x	5.2, UN3105, PG II ERG # 145-14	001	DF	00005	G	D001
b.	WASTE OXIDIZING, LIQUID, NQS (HYDROGEN PEROXIDE, POTASSIUM PERMANGANATE) 5.1, UN3139, PG II ERG # 140-15	001	DF	00005	G	D001
c.	WASTE NITRIC ACID 8, UN2031, PG II ERG # 157	001	DF	00005	G	D002
d.	WASTE FLAMMABLE LIQUID, CORROSIVE, NQS (ACETIC ACID, METHANOL, HYDROCHLORIC ACID) 3, UN2924, PG II ERG # 132-17	001	DF	00005	G	D001
e.	WASTE PAINT RELATED MATERIAL, NQS (TOLUENE, ACETONE) 3, UN1263, PG II ERG # 127	001	DM	00015	G	D001
f.	NON-REGULATED MATERIAL -19	001	DF	00005	G	NONE
g.	WASTE AEROSOLS, FLAMMABLE, NQS (LACQUER PAINT) 2.1, UN1950 ERG # 126-20	001	DM	00005	G	D001
h.	WASTE HYDROFLUORIC ACID 8, UN1790, PG II ERG # 157-21	001	DF	00005	G	U134
i.						

S. Additional Descriptions for Materials Listed Above

a.) D003, U160 d.) D002  
b.) D002 h.) D002  
c.) D001

T. Handling Codes for Wastes Listed Above

a.) B d.) B g.) B  
b.) B e.) B h.) B  
c.) B f.) B

32. Special Handling Instructions and Additional Information

a.) B42132-TP-3 d.) B42132-TP-6 g.) B42132-TP-9  
b.) B42132-TP-4 e.) B42132-TP-7 h.) B42132-TP-10  
c.) B42132-TP-5 f.) B42132-TP-8

81465270

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

KENNETH JOYK

Signature

*Kenneth Joyk*

Date

Month Day Year  
04/16/97

34. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year  
.

35. Discrepancy Indication Space





4/21/97

## LAND DISPOSAL NOTIFICATION AND CERTIFICATION FORM (UTS)

Generator Name: TRICO PRODUCTS CORPManifest Doc. No.: 34117

MDC-BX2130

Profile Number: BY2130State Manifest No: NYB 473 4117

1. Is this waste a non-wastewater or wastewater? (See 40 CFR 268.2) Check ONE: Nonwastewater ☒ Wastewater ☐
2. If this waste is subject to any California List restrictions enter the letter from below (either A, B.1, or B.2) next to each restriction that is applicable:  
HOCs, PCBs, Acid, Metals, Cyanides
3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent and California List treatment standards are listed on the following page. If P039, multi-source leachate applies those constituents must be listed and attached by the generator. If D001, D002, D003 or D012-D043 requires treatment of the characteristic and meet 268.48 standards, then the underlying hazardous constituent(s) present in the waste must be listed and attached.

REP. #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE	6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE
1	D001	NonCWA NonClass I SOWA managed ign. char. waste except H1 TOC	
2	D007		X
3			
4			

To identify P039 or D001, D002, D003 and D012-D043, underlying hazardous constituent(s), use the "P039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here: ☐

If no UHCs are present in the waste upon its initial generation check here: ☒

To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-B) and check here: ☐

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B1, B2, B3, B4, C, D or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter B1, B2, B3, B4 or D, you are making the appropriate certification as provided below. (States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.)

## A. RESTRICTED WASTE REQUIRES TREATMENT

This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D, 268.32, or RCRA Section 3004(d).

For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

## B.1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

## B.2 RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)

"I certify under penalty of the law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

## B.3 GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS

"I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264 Subpart O or Part 265 Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

## B.4 DECHARACTERIZED WASTE REQUIRES TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS

"I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."

## C. RESTRICTED WASTE SUBJECT TO A VARIANCE

This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 6 above.

For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."

## D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT

"I have determined that this waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibition levels set forth in Section 268.32 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above." "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth on 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certifications, including the possibility of a fine and imprisonment."

## E. WASTE IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS

This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.

I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.

Christine Markham

CHRISTINE MARKHAM

4-16-97









1. Is this waste a non-wastewater or wastewater? (See 40 CFR 268.2) Check ONE: Nonwastewater ☒ wastewater ☐  
 2. If this waste is subject to any California List restrictions enter the letter from below (either A, B.1, or B.2) next to each restriction that is applicable:  
 HOCs, PCBs, Acid, Metals, Cyanides  
 3. Identify ALL USEPA hazardous waste codes that apply to this waste shipment, as defined by 40 CFR 261. For each waste code, identify the corresponding subcategory, or check NONE if the waste code has no subcategory. Spent solvent and California List treatment standards are listed on the following page. If F039, multi-source leachate applies those constituents must be listed and attached by the generator. If D001, D002, D003 or D012-D043 requires treatment of the characteristic and meet 268.48 standards, then the underlying hazardous constituent(s) present in the waste must be listed and attached.

REF #	4. US EPA HAZARDOUS WASTE CODE(S)	5. SUBCATEGORY ENTER THE SUBCATEGORY DESCRIPTION. IF NOT APPLICABLE, SIMPLY CHECK NONE		6. HOW MUST THE WASTE BE MANAGED? ENTER LETTER FROM BELOW
		DESCRIPTION	NONE	
	D007			A
1	D002			A
2	D001			A
3	U134			A

To identify F039 or D001, D002, D003 and D012-D043, underlying hazardous constituent(s), use the "F039/Underlying Hazardous Constituent Form" provided (CWM-2004) and check here:  
 If no UHCs are present in the waste upon its initial generation check here: ☒  
 To list additional USEPA waste code(s) and subcategory(ies), use the supplemental sheet provided (CWM-2005-B) and check here:

HOW MUST THE WASTE BE MANAGED? In column 6 above, enter the letter (A, B1, B2, B3, B4, C, D or E) below that describes how the waste must be managed to comply with the land disposal regulations (40 CFR 268.7). Please understand that if you enter the letter B1, B2, B3, B4 or D, you are making the appropriate certification as provided below. (States authorized by EPA to manage the LDR program may have regulatory citations different from the 40 CFR citations listed below. Where these regulatory citations differ, your certification will be deemed to refer to those state citations instead of the 40 CFR citations.)

- A. RESTRICTED WASTE REQUIRES TREATMENT  
 This waste must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D, 268.32, or RCRA Section 3004(d).  
 For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."
- B.1 RESTRICTED WASTE TREATED TO PERFORMANCE STANDARDS  
 "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the treatment process has been operated and maintained properly so as to comply with the performance levels specified in 40 CFR part 268 Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004(d) without impermissible dilution of the prohibited waste. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- B.2 RESTRICTED WASTES FOR WHICH THE TREATMENT STANDARD IS EXPRESSED AS A SPECIFIED TECHNOLOGY (AND THE WASTE HAS BEEN TREATED BY THAT TECHNOLOGY)  
 "I certify under penalty of the law that the waste has been treated in accordance with the requirements of 40 CFR 268.42. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- B.3 GOOD FAITH ANALYTICAL CERTIFICATION FOR INCINERATED ORGANICS  
 "I certify under penalty of law that I have personally examined and am familiar with the treatment technology and operation of the treatment process used to support this certification and that, based upon my inquiry of those individuals immediately responsible for obtaining this information, I believe that the nonwastewater organic constituents have been treated by incineration in units operated in accordance with 40 CFR Part 264 Subpart O or Part 265 Subpart O, or by combustion in fuel substitution units operating in accordance with applicable technical requirements, and I have been unable to detect the nonwastewater organic constituents despite having used best good faith efforts to analyze for such constituents. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- 3.4 DECHARACTERIZED WASTE REQUIRES TREATMENT FOR UNDERLYING HAZARDOUS CONSTITUENTS  
 "I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine and imprisonment."
- C. RESTRICTED WASTE SUBJECT TO A VARIANCE  
 This waste is subject to a national capacity variance, a treatability variance, or a case-by-case extension. Enter the effective date of prohibition in column 6 above.  
 For Hazardous Debris: "This hazardous debris is subject to the alternative treatment standards of 40 CFR Part 268.45."
- D. RESTRICTED WASTE CAN BE LAND DISPOSED WITHOUT FURTHER TREATMENT  
 "I have determined that this waste meets all applicable treatment standards set forth in 40 CFR Part 268 Subpart D, and all applicable prohibition levels set forth in Section 268.32 or RCRA Section 3004(d), and therefore, can be land disposed without further treatment. A copy of all applicable treatment standards and specified treatment methods is maintained at the treatment, storage and disposal facility named above." "I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth on 40 CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false certifications, including the possibility of a fine and imprisonment."
- E. WASTE IS NOT CURRENTLY SUBJECT TO PART 268 RESTRICTIONS  
 This waste is a newly identified waste that is not currently subject to any 40 CFR Part 268 restrictions.
- I hereby certify that all information submitted in this and all associated documents is complete and accurate, to the best of my knowledge and information.





## STATE OF ARKANSAS

Department of Pollution Control and Ecology

P.O. Box 8913 Little Rock, Arkansas 72219-8913

Telephone 501-682-0744

V2046551

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 2	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Trico Products Corporation 817 Washington Street, Buffalo, NY 14203		N Y D 0 0 2 1 0 7 3 9 9		A. State Manifest Document Number <b>AR- 920604</b>		
4. Generator's Phone ( 716 ) 857-3013		6. US EPA ID Number O H D 0 0 9 8 6 5 8 2 5		B. State Generator's ID Same		
5. Transporter 1 Company Name Dart Trucking Company, Inc.		8. US EPA ID Number		C. State Transporter's ID R402 H205		
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone 330-533-9841		
9. Designated Facility Name and Site Address ENSCO, Inc. American Oil Road El Dorado, AR 71730		11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		E. State Transporter's ID H-		
		12. Containers		F. Transporter's Phone H-		
		13. Total Quantity		G. State Facility's ID		
		14. Unit Wt/Vol		H. Facility's Phone 501-863-7173		
		I. Waste No.				
a. RQ, Hazardous Waste, Liquid, n.o.s. 9 NA3082 PGIII (D002,F002) ERG# 171		0,0,1 D,F 0,0,0,5,6 P		D002 F002		
b. RQ, Waste Flammable Liquid, n.o.s. 3 UN1993 PGII (D001) (Hexane & Toluene) ERG# 128		0,0,1 D,M 0,0,2,2,1 P		D001		
c. Waste Corrosive Liquids, n.o.s. 8 UN1760 PGII (Hydrochloric Acid & Sulfuric Acid) ERG# 154		0,0,1 D,F 0,0,0,7,9 P		D002		
d. Waste Potassium Hydroxide, Solution 8 UN1814 PGII ERG# 154		0,0,2 D,F 0,0,1,8,6 P		D002		
J. Additional Description for Materials Listed Above 11a 709374 (UN-1) 30 gal 11c 709374 (CA-1) 30 gal 11b 709374 (FL-1) 55 gal 11d 709374 (CB-1,CB-2) 30 gal		K. Emergency Response Information: a thru d = B Info trac 24 hr 1-800-535-5053				
if no alternate TSDF, return to generator		Wt. Recd 945				
15. Special Handling Instructions and Additional Information WMDS 709374 is a Lab Pack		weights estimated				
NY Trans. Permit TIR 1157		Please Provide Certificate of Disposal				
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked, and labeled/placarded, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and Arkansas state regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name CHRISTINE MARKHAM		Signature Christine Markham		Month Day Year 12.19.97		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name David Bernard		Signature David Bernard		Month Day Year 12.19.97		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Calle Long						
Signature Calle Long						
Month Day Year 12.30.97						

EPA Form 8700-22 (Rev. 9-88) Previous edition is obsolete.

NOTICE: THE ORIGINAL AND NOT LESS THAN TWO (2) COPIES MUST MOVE WITH THE HAZARDOUS WASTE SHIPMENT. ONCE DELIVERED, THE TREATMENT/STORAGE/DISPOSAL FACILITY MUST RETURN THIS ORIGINAL COPY TO THE GENERATOR.





V2046551

**UNIFORM HAZARDOUS  
WASTE MANIFEST**  
(Continuation Sheet)

1. Generator's US EPA ID No.

Manifest  
Document No.

22. Page

Information in the shaded areas is not  
required by Federal law.

N.Y.D.O.0.2.1.0.7.3.9.9

9.7.0.0.2

2 of 2

23. Generator's Name

Trico Products Corporation  
817 Washington Street, Buffalo, NY 14203  
716-857-3013

L. State Manifest Document Number

AR-920604

M. State Generator's ID

Same

24. Transporter Company Name

Dart Trucking Company, Inc.

25. US EPA ID Number

0.H.D.O.0.9.8.6.5.8.2.5

N. State Transporter's ID

PC 9024205

O. Transporter's Phone 330-533-9841

26. Transporter Company Name

27. US EPA ID Number

P. State Transporter's ID

Q. Transporter's Phone

28. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

29. Containers  
No Type

30.  
Total  
Quantity

31.  
Unit  
Wt/Vol

R.  
Waste No.

HM

a. X Waste Aerosols, Flammable  
2.1 UN1950

ERG# 126

0 0 1 D M

0 0 0 1 1 P

D001

b. X RQ, Waste Oxidizing Solid, n.o.s.  
5.1 UN1479 PGIII (D007)  
(Sodium Dichromate)

ERG# 140

0 0 1 D M

0 0 0 1 2 P

D001 D007

c. X Waste 1,1,1 Trichloroethane  
6.1 UN2831 PGIII

ERG# 160

0 0 1 D M

0 0 0 2 4 P

U226

d. X Aerosols, Non Flammable  
2.2 UN1950

ERG# 126

0 0 1 D M

0 0 0 1 5 P

NR

e. Non D.O.T. Regulated Material

0 0 1 D M

0 0 2 7 0 P

NR

f.

g.

h.

i.

S. Additional Descriptions for Materials Listed Above

28a 709374 (AR-1) 5 gal

28d 709374 (AR-2) 5 gal

28b 709374 (OX-1) 5 gal

28e 709384 (Grease & Oil) 55 gal

28c 709374 (PB-1) 5 gal

T. Handling Codes for Wastes Listed Above

a thru e = B

Info. Trac

24 HR

1-800-535-5053

32. Special Handling Instructions and Additional Information

709374 is a Lab Pack

W & Trans. Permit TIR 1157

33. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

David Bernard

Signature

David Bernard

Date

Month Day Year

1.21.99

Date

Month Day Year

.

34. Transporter Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

35. Discrepancy Indication Space





LAND DISPOSAL RESTRICTION NOTIFICATION FORM  
For Wastes Subject to the Treatment Standards Found in 40 CFR 268  
Trico Products Corporation

page 1 of 2

Generator Name: \_\_\_\_\_ Manifest No.: AR-920604

WMDS	WW	NWW	Waste Codes, Subcategories and Hazardous Constituents*	Special Conditions
709374	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lab Pack	B
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

\*Regulated Hazardous Constituents, not the Underlying Hazardous Constituents (UHC's), must be identified for waste streams which carry the EPA Waste Codes, F001-F005, F039 and for California List wastes (40CFR268.32). UHC's must be identified for D001 (if Not Treated by CMBST or RORGS), D002, D003, D012-D043 (if treated in Non-CWA, Non-CWA equivalent or Non-SDWA facilities). Wastewater forms of D012-D017 do not require that UHC's be identified. List the constituents on the corresponding line or include a marked copy of the Universal Treatment Standards Sheet for each affected WMDS.

Special Conditions:

- A. Waste Requiring No Further Treatment
- B. Lab Pack Waste Qualifying for Alternative Treatment under 40 CFR 268.42(c)
- C. Hazardous Waste Debris subject to standard treatment requirements, 40 CFR 268.40
- D. Hazardous Waste Debris subject to alternative standards in 40 CFR 268.45 (List Contaminants)
- E. Waste Qualifying for Exemption and not subject to Land Disposal Restriction (Explain)
- F. Waste already treated to remove a hazardous characteristic which requires additional treatment for underlying hazardous constituents (List constituents)
- G. Waste already treated to remove a hazardous characteristic and all the underlying hazardous constituents have been treated to levels in 268.48.
- H. For Chemical Manufacturers, Petroleum Refineries, Coke By-Product Facilities and RCRA TSDFs handling wastes subject to 40 CFR 61 subpart FF ONLY:  
This waste is a "Controlled Benzene Waste" which is subject to the notification requirements of 40 CFR 61 subpart FF.

Waste analysis is attached where available, otherwise, the information contained herein is based upon my thorough knowledge of the waste(s).

I hereby certify that I believe that the information I submitted is true, accurate and complete.

Signature Christine Markher Title ENVIRON MGR Date 12-19-97

Waste Streams Identified by Special Condition A: I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification that the waste complies with the treatment standards specified in 40 CFR Part 268 Subpart D and all applicable prohibitions set forth in 40CFR 268.32 or RCRA section 3004(d). I believe that the information I submitted is true, accurate and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Waste Streams Identified by Special Condition B: I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only wastes which have not been excluded under appendix IV to 40 CFR 268. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Waste Streams Identified by Special Condition F: I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic. This decharacterized waste contains underlying hazardous constituents that require further treatment to meet universal treatment standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Waste Streams Identified by Special Condition G: I certify under penalty of law that the waste has been treated in accordance with the requirements of 40 CFR 268.40 to remove the hazardous characteristic, and that underlying hazardous constituents, as defined in 268.2, have been treated on-site to the 268.48 Universal Treatment Standards. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.



LDR NOTIFICATION FORM  
LAB PACK ADDENDUM  
Indicate all waste codes and subcategories.

WMDS 709374

Subcategory

- ☒ D001 High TOC  
☒ D001 Low TOC  
☐ D003 Explosives  
☐ D003 Other Reactives  
☐ D003 Reactive Cyanides  
☐ D003 Reactive Sulfides  
☐ D003 Water Reactives  
☐ D006 Cadmium Containing Batteries  
☐ D008 Lead Acid Batteries  
☐ D009 NWW High Merc, Inorganic  
☐ D009 NWW Low Merc, Inorganic  
☐ D009 NWW Low Merc, Organic  
☐ D009 NWW High Merc, Organic  
☐ F003 Carbon Disulfide, Cyclohexanone, and/or Methanol  
☐ F005 2-Nitropropane only  
☐ F005 2-Ethoxyethanol only  
☐ F025 Light Ends  
☐ F025 Spent Filters/Aids and Desiccants  
☐ K069 Calcium Sulfate (Low Lead)  
☐ K069 Non-Calcium Sulfate (High Lead)  
☐ K071 NWW from RMERC  
☐ K071 NWW not from RMERC  
☐ K106 NWW Low Merc not from RMERC  
☐ K106 NWW Low Merc from RMERC  
☐ K106 NWW High Merc  
☐ P065 NWW Low Merc INCIN residue  
☐ P065 NWW High Merc INCIN residue  
☐ P065 NWW not INCIN or RMERC residue  
☐ P065 NWW High Merc RMERC residue  
☐ P065 NWW Low Merc RMERC residue  
☐ P092 NWW not INCIN or RMERC residue  
☐ P092 NWW Low Merc RMERC residue  
☐ P092 NWW Low Merc not RMERC residue  
☐ P092 NWW Low Merc INCIN residue  
☐ U151 NWW Low Merc INCIN residue  
☐ U151 NWW Low Merc not RMERC residue  
☒ D002  
☐ D004  
☐ D005  
☐ D006  
☒ D007  
☐ D008  
☐ D009  
☐ D010  
☐ D011  
☐ D012  
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☐ D025  
☐ D026  
☐ D027  
☐ D028  
☐ D029  
☐ D030  
☐ D031  
☐ D032

☐ CWA ☒ NON-CWA  
☒ ELIGIBLE UNDER 268 APPENDIX IV  
☐ NOT ELIGIBLE UNDER 268 APPENDIX IV  
Manifest AR-920604

Page 2 of 2

<input type="checkbox"/> D033	<input type="checkbox"/> K036	<input type="checkbox"/> P008	<input type="checkbox"/> P085	<input type="checkbox"/> U035	<input type="checkbox"/> U107	<input type="checkbox"/> U173
<input type="checkbox"/> D034	<input type="checkbox"/> K038	<input type="checkbox"/> P009	<input type="checkbox"/> P087	<input type="checkbox"/> U036	<input type="checkbox"/> U108	<input type="checkbox"/> U174
<input type="checkbox"/> D035	<input type="checkbox"/> K038	<input type="checkbox"/> P010	<input type="checkbox"/> P088	<input type="checkbox"/> U037	<input type="checkbox"/> U109	<input type="checkbox"/> U176
<input type="checkbox"/> D036	<input type="checkbox"/> K039	<input type="checkbox"/> P011	<input type="checkbox"/> P089	<input type="checkbox"/> U038	<input type="checkbox"/> U110	<input type="checkbox"/> U177
<input type="checkbox"/> D037	<input type="checkbox"/> K040	<input type="checkbox"/> P012	<input type="checkbox"/> P092	<input type="checkbox"/> U039	<input type="checkbox"/> U111	<input type="checkbox"/> U178
<input type="checkbox"/> D038	<input type="checkbox"/> K041	<input type="checkbox"/> P013	<input type="checkbox"/> P093	<input type="checkbox"/> U041	<input type="checkbox"/> U112	<input type="checkbox"/> U179
<input type="checkbox"/> D039	<input type="checkbox"/> K042	<input type="checkbox"/> P014	<input type="checkbox"/> P094	<input type="checkbox"/> U042	<input type="checkbox"/> U113	<input type="checkbox"/> U180
<input type="checkbox"/> D040	<input type="checkbox"/> K043	<input type="checkbox"/> P015	<input type="checkbox"/> P095	<input type="checkbox"/> U043	<input type="checkbox"/> U114	<input type="checkbox"/> U181
<input type="checkbox"/> D041	<input type="checkbox"/> K044	<input type="checkbox"/> P016	<input type="checkbox"/> P096	<input type="checkbox"/> U044	<input type="checkbox"/> U115	<input type="checkbox"/> U182
<input type="checkbox"/> D042	<input type="checkbox"/> K045	<input type="checkbox"/> P017	<input type="checkbox"/> P097	<input type="checkbox"/> U045	<input type="checkbox"/> U116	<input type="checkbox"/> U183
<input type="checkbox"/> D043	<input type="checkbox"/> K046	<input type="checkbox"/> P018	<input type="checkbox"/> P098	<input type="checkbox"/> U046	<input type="checkbox"/> U117	<input type="checkbox"/> U184
<input type="checkbox"/> F001	<input type="checkbox"/> K047	<input type="checkbox"/> P020	<input type="checkbox"/> P099	<input type="checkbox"/> U047	<input type="checkbox"/> U118	<input type="checkbox"/> U185
<input checked="" type="checkbox"/> F002	<input type="checkbox"/> K048	<input type="checkbox"/> P021	<input type="checkbox"/> P101	<input type="checkbox"/> U048	<input type="checkbox"/> U119	<input type="checkbox"/> U186
<input type="checkbox"/> F003	<input type="checkbox"/> K049	<input type="checkbox"/> P022	<input type="checkbox"/> P102	<input type="checkbox"/> U049	<input type="checkbox"/> U120	<input type="checkbox"/> U187
<input type="checkbox"/> F004	<input type="checkbox"/> K050	<input type="checkbox"/> P023	<input type="checkbox"/> P103	<input type="checkbox"/> U050	<input type="checkbox"/> U121	<input type="checkbox"/> U188
<input type="checkbox"/> F005	<input type="checkbox"/> K051	<input type="checkbox"/> P024	<input type="checkbox"/> P104	<input type="checkbox"/> U051	<input type="checkbox"/> U122	<input type="checkbox"/> U189
<input type="checkbox"/> F006	<input type="checkbox"/> K052	<input type="checkbox"/> P026	<input type="checkbox"/> P105	<input type="checkbox"/> U052	<input type="checkbox"/> U123	<input type="checkbox"/> U190
<input type="checkbox"/> F007	<input type="checkbox"/> K060	<input type="checkbox"/> P027	<input type="checkbox"/> P106	<input type="checkbox"/> U053	<input type="checkbox"/> U124	<input type="checkbox"/> U191
<input type="checkbox"/> F008	<input type="checkbox"/> K061	<input type="checkbox"/> P028	<input type="checkbox"/> P108	<input type="checkbox"/> U055	<input type="checkbox"/> U125	<input type="checkbox"/> U192
<input type="checkbox"/> F009	<input type="checkbox"/> K062	<input type="checkbox"/> P029	<input type="checkbox"/> P109	<input type="checkbox"/> U056	<input type="checkbox"/> U126	<input type="checkbox"/> U193
<input type="checkbox"/> F010	<input type="checkbox"/> K064	<input type="checkbox"/> P030	<input type="checkbox"/> P110	<input type="checkbox"/> U057	<input type="checkbox"/> U127	<input type="checkbox"/> U194
<input type="checkbox"/> F011	<input type="checkbox"/> K065	<input type="checkbox"/> P031	<input type="checkbox"/> P111	<input type="checkbox"/> U058	<input type="checkbox"/> U128	<input type="checkbox"/> U196
<input type="checkbox"/> F012	<input type="checkbox"/> K066	<input type="checkbox"/> P033	<input type="checkbox"/> P112	<input type="checkbox"/> U059	<input type="checkbox"/> U129	<input type="checkbox"/> U197
<input type="checkbox"/> F019	<input type="checkbox"/> K071	<input type="checkbox"/> P034	<input type="checkbox"/> P113	<input type="checkbox"/> U060	<input type="checkbox"/> U130	<input type="checkbox"/> U200
<input type="checkbox"/> F020	<input type="checkbox"/> K073	<input type="checkbox"/> P036	<input type="checkbox"/> P114	<input type="checkbox"/> U061	<input type="checkbox"/> U131	<input type="checkbox"/> U201
<input type="checkbox"/> F021	<input type="checkbox"/> K083	<input type="checkbox"/> P037	<input type="checkbox"/> P115	<input type="checkbox"/> U062	<input type="checkbox"/> U132	<input type="checkbox"/> U202
<input type="checkbox"/> F022	<input type="checkbox"/> K084	<input type="checkbox"/> P038	<input type="checkbox"/> P116	<input type="checkbox"/> U063	<input type="checkbox"/> U133	<input type="checkbox"/> U203
<input type="checkbox"/> F023	<input type="checkbox"/> K085	<input type="checkbox"/> P039	<input type="checkbox"/> P118	<input type="checkbox"/> U064	<input type="checkbox"/> U134	<input type="checkbox"/> U204
<input type="checkbox"/> F024	<input type="checkbox"/> K086	<input type="checkbox"/> P040	<input type="checkbox"/> P119	<input type="checkbox"/> U066	<input type="checkbox"/> U135	<input type="checkbox"/> U205
<input type="checkbox"/> F026	<input type="checkbox"/> K087	<input type="checkbox"/> P041	<input type="checkbox"/> P120	<input type="checkbox"/> U067	<input type="checkbox"/> U136	<input type="checkbox"/> U206
<input type="checkbox"/> F027	<input type="checkbox"/> K088	<input type="checkbox"/> P042	<input type="checkbox"/> P121	<input type="checkbox"/> U068	<input type="checkbox"/> U137	<input type="checkbox"/> U207
<input type="checkbox"/> F028	<input type="checkbox"/> K090	<input type="checkbox"/> P043	<input type="checkbox"/> P122	<input type="checkbox"/> U069	<input type="checkbox"/> U138	<input type="checkbox"/> U208
<input type="checkbox"/> K001	<input type="checkbox"/> K091	<input type="checkbox"/> P044	<input type="checkbox"/> P123	<input type="checkbox"/> U070	<input type="checkbox"/> U139	<input type="checkbox"/> U209
<input type="checkbox"/> K002	<input type="checkbox"/> K093	<input type="checkbox"/> P045	<input type="checkbox"/> U001	<input type="checkbox"/> U072	<input type="checkbox"/> U140	<input type="checkbox"/> U210
<input type="checkbox"/> K003	<input type="checkbox"/> K095	<input type="checkbox"/> P046	<input type="checkbox"/> U002	<input type="checkbox"/> U073	<input type="checkbox"/> U141	<input type="checkbox"/> U211
<input type="checkbox"/> K004	<input type="checkbox"/> K096	<input type="checkbox"/> P047	<input type="checkbox"/> U003	<input type="checkbox"/> U074	<input type="checkbox"/> U142	<input type="checkbox"/> U213
<input type="checkbox"/> K005	<input type="checkbox"/> K097	<input type="checkbox"/> P048	<input type="checkbox"/> U004	<input type="checkbox"/> U075	<input type="checkbox"/> U143	<input type="checkbox"/> U214
<input type="checkbox"/> K006	<input type="checkbox"/> K098	<input type="checkbox"/> P049	<input type="checkbox"/> U005	<input type="checkbox"/> U076	<input type="checkbox"/> U144	<input type="checkbox"/> U215
<input type="checkbox"/> K007	<input type="checkbox"/> K099	<input type="checkbox"/> P050	<input type="checkbox"/> U006	<input type="checkbox"/> U077	<input type="checkbox"/> U145	<input type="checkbox"/> U216
<input type="checkbox"/> K008	<input type="checkbox"/> K100	<input type="checkbox"/> P051	<input type="checkbox"/> U007	<input type="checkbox"/> U078	<input type="checkbox"/> U146	<input type="checkbox"/> U217
<input type="checkbox"/> K009	<input type="checkbox"/> K101	<input type="checkbox"/> P054	<input type="checkbox"/> U008	<input type="checkbox"/> U079	<input type="checkbox"/> U147	<input type="checkbox"/> U218
<input type="checkbox"/> K010	<input type="checkbox"/> K102	<input type="checkbox"/> P056	<input type="checkbox"/> U009	<input type="checkbox"/> U080	<input type="checkbox"/> U148	<input type="checkbox"/> U219
<input type="checkbox"/> K011	<input type="checkbox"/> K103	<input type="checkbox"/> P057	<input type="checkbox"/> U010	<input type="checkbox"/> U081	<input type="checkbox"/> U149	<input type="checkbox"/> U220
<input type="checkbox"/> K013	<input type="checkbox"/> K104	<input type="checkbox"/> P058	<input type="checkbox"/> U011	<input type="checkbox"/> U082	<input type="checkbox"/> U150	<input type="checkbox"/> U221
<input type="checkbox"/> K014	<input type="checkbox"/> K105	<input type="checkbox"/> P059	<input type="checkbox"/> U012	<input type="checkbox"/> U083	<input type="checkbox"/> U151	<input type="checkbox"/> U222
<input type="checkbox"/> K015	<input type="checkbox"/> K106	<input type="checkbox"/> P060	<input type="checkbox"/> U014	<input type="checkbox"/> U084	<input type="checkbox"/> U152	<input type="checkbox"/> U223
<input type="checkbox"/> K016	<input type="checkbox"/> K111	<input type="checkbox"/> P062	<input type="checkbox"/> U015	<input type="checkbox"/> U085	<input type="checkbox"/> U153	<input type="checkbox"/> U225
<input type="checkbox"/> K017	<input type="checkbox"/> K112	<input type="checkbox"/> P063	<input type="checkbox"/> U016	<input type="checkbox"/> U086	<input type="checkbox"/> U154	<input checked="" type="checkbox"/> U226
<input type="checkbox"/> K018	<input type="checkbox"/> K113	<input type="checkbox"/> P064	<input type="checkbox"/> U017	<input type="checkbox"/> U087	<input type="checkbox"/> U155	<input type="checkbox"/> U227
<input type="checkbox"/> K019	<input type="checkbox"/> K114	<input type="checkbox"/> P065	<input type="checkbox"/> U018	<input type="checkbox"/> U088	<input type="checkbox"/> U156	<input type="checkbox"/> U228
<input type="checkbox"/> K020	<input type="checkbox"/> K115	<input type="checkbox"/> P066	<input type="checkbox"/> U019	<input type="checkbox"/> U089	<input type="checkbox"/> U157	<input type="checkbox"/> U234
<input type="checkbox"/> K021	<input type="checkbox"/> K116	<input type="checkbox"/> P067	<input type="checkbox"/> U020	<input type="checkbox"/> U090	<input type="checkbox"/> U158	<input type="checkbox"/> U235
<input type="checkbox"/> K022	<input type="checkbox"/> K117	<input type="checkbox"/> P068	<input type="checkbox"/> U021	<input type="checkbox"/> U091	<input type="checkbox"/> U159	<input type="checkbox"/> U236
<input type="checkbox"/> K023	<input type="checkbox"/> K118	<input type="checkbox"/> P069	<input type="checkbox"/> U022	<input type="checkbox"/> U092	<input type="checkbox"/> U160	<input type="checkbox"/> U237
<input type="checkbox"/> K024	<input type="checkbox"/> K123	<input type="checkbox"/> P070	<input type="checkbox"/> U023	<input type="checkbox"/> U093	<input type="checkbox"/> U161	<input type="checkbox"/> U238
<input type="checkbox"/> K025	<input type="checkbox"/> K124	<input type="checkbox"/> P071	<input type="checkbox"/> U024	<input type="checkbox"/> U094	<input type="checkbox"/> U162	<input type="checkbox"/> U239
<input type="checkbox"/> K026	<input type="checkbox"/> K125	<input type="checkbox"/> P072	<input type="checkbox"/> U025	<input type="checkbox"/> U095	<input type="checkbox"/> U163	<input type="checkbox"/> U240
<input type="checkbox"/> K027	<input type="checkbox"/> K126	<input type="checkbox"/> P073	<input type="checkbox"/> U026	<input type="checkbox"/> U096	<input type="checkbox"/> U164	<input type="checkbox"/> U243
<input type="checkbox"/> K028	<input type="checkbox"/> K136	<input type="checkbox"/> P074	<input type="checkbox"/> U027	<input type="checkbox"/> U097	<input type="checkbox"/> U165	<input type="checkbox"/> U244
<input type="checkbox"/> K029	<input type="checkbox"/> P001	<input type="checkbox"/> P075	<input type="checkbox"/> U028	<input type="checkbox"/> U098	<input type="checkbox"/> U166	<input type="checkbox"/> U246
<input type="checkbox"/> K030	<input type="checkbox"/> P002	<input type="checkbox"/> P076	<input type="checkbox"/> U029	<input type="checkbox"/> U099	<input type="checkbox"/> U167	<input type="checkbox"/> U247
<input type="checkbox"/> K031	<input type="checkbox"/> P003	<input type="checkbox"/> P077	<input type="checkbox"/> U030	<input type="checkbox"/> U101	<input type="checkbox"/> U168	<input type="checkbox"/> U248
<input type="checkbox"/> K032	<input type="checkbox"/> P004	<input type="checkbox"/> P078	<input type="checkbox"/> U031	<input type="checkbox"/> U102	<input type="checkbox"/> U169	<input type="checkbox"/> U249
<input type="checkbox"/> K033	<input type="checkbox"/> P005	<input type="checkbox"/> P081	<input type="checkbox"/> U032	<input type="checkbox"/> U103	<input type="checkbox"/> U170	<input type="checkbox"/> U328
<input type="checkbox"/> K034	<input type="checkbox"/> P006	<input type="checkbox"/> P082	<input type="checkbox"/> U033	<input type="checkbox"/> U105	<input type="checkbox"/> U171	<input type="checkbox"/> U353
<input type="checkbox"/> K035	<input type="checkbox"/> P007	<input type="checkbox"/> P084	<input type="checkbox"/> U034	<input type="checkbox"/> U106	<input type="checkbox"/> U172	<input type="checkbox"/> U359



**New York State Land Disposal Restriction**

**Lab Pack Certification**

**LAB PACK CERTIFICATION (APPENDIX 38 of 6 NYCRR Part 376)**

The following Lab Pack containers contain only wastes with the waste codes listed in Appendix 38 of 6 NYCRR Part 376 or wastes not subject to regulations under Part 376.

Profile Number 709374

Container Numbers UN-1, FL-1, CA-1, CB-1, CB-2, AR-1, OX-1  
PB-1, AR-2

XX I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix 38 or solid wastes not subject to regulation under Part 376 of 6 NYCRR. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.





## INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name:

Trico Products

Facility Address:

817 Washington St.

Buffalo, NY 14203

Facility ID No.:

NYD 007107399

Inspector's Name:

L. Voo

Inspector's Phone:

7-4135

Division/Branch: DECA/RCB

Date of Inspection:

9/16/98



# INSPECTORS' MULTI-MEDIA CHECKLIST

## GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

## CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
  - What is it? Is it a waste product?
  - What process produced it?
  - Has it been tested?
  - Where do you normally dispose of it?
  - Do you have a permit for the disposal?
  - How long has the circumstance existed?
  - When did it begin?
2. Pay attention to the situation.
  - Note amount of pollutant that appears to be involved.
  - Note the location.
  - Take notes describing the situation, noting the source of the pollutant and its emission point.
  - Take photographs.

## PROGRAM-SPECIFIC QUESTIONS

Refer to program-specific questions in Attachment A appropriate for the facility you are inspecting.

## REPORTING POSSIBLE NONCOMPLIANCE

Throughout this checklist, there are YES/NO questions. If you place an answer in a field marked with an asterisk (\*), this means you should promptly refer the matter to the appropriate Region II program office. After you return from your inspection, immediately let your supervisor know that you observed possible noncompliance in another program area during your inspection. The information should then be referred to the appropriate Section Chief listed on Attachment B.

**ATTACHMENT A - FOLLOW-UP QUESTIONS****RCRA**

If the facility has a RCRA permit or "interim status" as a treatment, storage or disposal facility (TSDF), do not complete this form but enter the facility's EPA ID number here \_\_\_\_\_.

**Ask:**

1. A. Has the facility determined that it generates hazardous waste? \_\_\_YES \_\_\_NO  
 If NO, skip Questions 2 to 8 and go to Question 9. If YES continue:  
 B. If the facility generates or transports hazardous waste, what is its EPA ID Number? \_\_\_\_\_  
 [If the facility cannot produce an ID Number, \*REFER\*.]
2. A. Are there containers or tanks which hold hazardous waste? \_\_\_YES \_\_\_NO  
 If NO, go to Question # 3. If YES, continue:  
 B. Are the containers and/or tanks clearly marked with the words "Hazardous Waste," and are they marked with the accumulation start date? \_\_\_YES \_\_\_NO\*  
 C. Do hazardous waste storage tanks have secondary containment systems (i.e., berm, vault, double wall tank)? \_\_\_YES \_\_\_NO\*  
 D. Does the facility store hazardous waste in containers or tanks for longer than 90 days? \_\_\_YES\* \_\_\_NO
3. Does the facility store, treat or dispose of hazardous waste in lagoons, pits, piles or landfills? \_\_\_YES\* \_\_\_NO
4. Does the facility treat hazardous waste by incineration, precipitation, neutralization or other means to change the physical or chemical nature of the waste? \_\_\_YES\* \_\_\_NO
5. Does the facility accept hazardous waste for treatment, storage or disposal from off-site locations (including off-site facilities owned by the same company)? \_\_\_YES\* \_\_\_NO
6. Does the facility maintain copies of hazardous waste manifests on-site? \_\_\_YES \_\_\_NO\*

REFER to program office if you check an answer marked with \*.

### RCRA, Continued

7. Are there any indications that hazardous waste storage or treatment units (i.e., containers or tanks) are poorly maintained and may cause the release of hazardous waste to the environment?  

☐ YES\* ☐ NO
8. Are there any indications that chemicals or wastes have been discharged to the environment through improper handling, leaks, spills, dumping or other discharges?  

☐ YES\* ☐ NO
9. A. Does the facility claim to generate non-hazardous process wastes (i.e., excluding office paper wastes, cafeteria wastes, etc.)?  

☐ YES\* ☐ NO

If NO, go to Question 10. If YES continue:

- B. What type of non-hazardous wastes does the facility handle?  
(E.g., treatment sludges, ash, solvents, waste oils, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- C. Very briefly describe the process(es) that generate the wastes in Question 9B.

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10. Are there any indications that waste generation, handling, management or disposal practices have resulted in environmental damage or pose the threat of such damage?        YES\*        NO

## RADIATION

**Ask:**

1. Are any radioactive materials used or stored at this facility?  
\_\_\_\_\_YES \_\_\_\_\_NO
2. If YES, does the facility have a state or federal radiation  
license? \_\_\_\_\_YES \_\_\_\_\_NO\*

REFER to program office if you check an answer marked with \*.

## UNDERGROUND STORAGE TANKS (UST)

**Ask:**

1. Does the facility have regulated USTs? ☐ YES ☒ NO

[A regulated UST has more than 10% of tank volume, including piping, located underground; and contains petroleum products or hazardous substances (as defined under CERCLA). Note: USTs containing fuel oil for on-site heating are exempt from UST requirements.]

**If YES, ask:**

2. Are the USTs registered with the State? ☐ YES ☐ NO\*
3. What kind of petroleum product or hazardous substance does UST contain? \_\_\_\_\_
4. Is there any evidence of UST leakage/spillage? ☐ YES\* ☐ NO
5. When was the UST installed? \_\_\_\_\_
6. All USTs must have leak detection according to the following schedule:

<u>Installation Date</u>	<u>Leak Detection By December of--</u>
Before 1965 or unknown	1989
1965 - 1969	1990
1970 - 1974	1991
1975 - 1979	1992
1980 - Dec. 1988	1993

All USTs installed after December 1988 must currently be equipped with leak detection.

Leak detection systems include monitoring wells (water or vapor), automatic tank gauging system, interstitial monitoring, manual tank gauging or inventory control plus tank tightness testing.

7. Is some form of leak detection in use for every UST required (based on above schedule) to have it? ☐ YES ☐ NO\*
8. Are required records available on-site (e.g., documenting registration and leak detection)? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

# **AIR** **Stationary Source Compliance**

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? \_\_\_YES\* \_\_\_NO

["Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.]

2. If YES, ask:

A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C").  
\_\_\_\_\_

B. What is the cause of the smoke emission? E.g.--  
\_\_\_\_\_

i. Is any air pollution control equipment out of service or turned off while production is ongoing? \_\_\_YES \_\_\_NO

ii. If YES: When will it be back on line? \_\_\_\_\_

iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? \_\_\_YES \_\_\_NO

C. Note color of smoke: \_\_\_\_\_

3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? \_\_\_YES ☒ NO

B. If YES: Did the facility obtain any state or federal air pollution permits for the expansion? \_\_\_YES \_\_\_NO\*

4. A. Does the facility have any coating or printing operations? \_\_\_YES ☒ NO

B. If YES:

ii. Are the coatings or inks used:        water-based or        solvent-based?

i. If solvent based, are all process lines controlled, or are coating formulations in use which comply with applicable limits? \_\_\_YES \_\_\_NO\*

iii. What are the principal solvents or chemical compounds used in process lines?  
(Ask for copies of MSDS, if available.) \_\_\_\_\_

REFER to program office if you check an answer marked with \*.

*4 Defect  
Zu die Coating  
Screw machine  
Robber Extruder  
Spring winds*



AIR, Continued

5. Observe: Are there strong solvent odors at the facility? YES NO
7. Does the facility emit any of the following pollutants: mercury, beryllium, lead or asbestos? YES\* X NO
8. A. Does the facility emit, or use in its processes, vinyl chloride or benzene? YES\* X NO
- B. If YES:
- i. From which process lines? \_\_\_\_\_
- ii. Does the facility check for leaks on such process equipment? YES NO\*
9. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? X YES NO
- If YES:
- B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? < 260 / 160
- C. If the amount exceeded 260 linear feet, or 160 square feet, \*REFER\* to Air program office; and Ask: was EPA notified of removal? YES NO\*

CFC MULTI-MEDIA CHECKLIST QUESTIONS

## Motor Vehicle Air Conditioning Recovery/Recycling Compliance Program

1. A. Does the facility perform servicing for motor vehicle air conditioners? YES X NO
- B. If YES:
- i. Does facility have Recover/Recycle or Recovery only equipment? YES NO\*

## Prohibition on venting

2. A. Does the facility have any air conditioning/ refrigeration equipment or industrial compressors, which their employees perform service on (i.e. maintaining, servicing, repairing, or disposing of equipment) involving the refrigerant? X YES NO
- B. If YES:
- i. Does facility have Recovery/Recycle or Recovery only equipment? X YES NO\*

REFER to program office if you check an answer marked with \*.

**WATER****NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
And PRE-TREATMENT/UNDERGROUND INJECTION CONTROL (UIC)**

1. **Observe/Ask:** Does the facility dispose of any wastewater (e.g., from its manufacturing processes, wash water or other industrial wastes)? ☒ YES ☐ NO
  2. **If yes:** Does the facility discharge wastewater into a--
    - receiving stream? ☐ YES ☒ NO
    - municipal sewer (sanitary or storm) system? ☒ YES ☐ NO
    - subsurface disposal system (septic system, drywell or cesspool)? ☐ YES ☒ NO
- As applicable, ascertain the name of the stream or sewer system.
3. An NPDES permit is required for discharge to a waterbody; a pretreatment permit is usually issued by the municipality authorizing the discharge to a sanitary sewer system; and a UIC permit is required for subsurface disposal. Does the facility have a permit for each discharge? ☒ YES ☐ NO\*
  4. Does the facility treat wastewater prior to discharge? ☐ YES ☒ NO
  5. **Observe:**
    - a. Is the effluent from the wastewater treatment facilities clear and free of solids? ☐ YES ☐ NO\*
    - b. Is equipment clean and well maintained? ☐ YES ☐ NO\*
    - c. Are there any unusual odors? ☐ YES\* ☐ NO
  6. **Ask:** Is the effluent currently in compliance with the limitations established in the permit, or the terms of an administrative or judicial compliance order? ☒ YES ☐ NO\*
  7. **Observe/Ask:**
    - a. How are waste fluids disposed of?
    - b. Does the facility have floor or storm drains? ☒ YES ☒ NO

*Ad. Lg.  
Buffalo Sewer*

*In Basement  
Sanitary Sewer*

REFER to program office if you check an answer marked with \*.

REFER to program office if you check an answer marked with \*.

**EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)****EMERGENCY PLANNING and COMMUNITY RIGHT TO KNOW**

ASK:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? *Chlorine* ☒ YES ☐ NO  
 [Threshold planning quantities are established by regulation, vary by chemical, and range from 1 lb. to 5000 lbs.]
  - B. If YES: Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☒ YES ☐ NO\*
2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES\* ☒ NO  
 [Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.]
  - B. If YES: Was notification of the release provided? ☐ YES ☐ NO\*
  - C. If YES:
    - i. To whom was the notification given?
    - ii. Was notification oral or written?
    - iii. If oral, was a written, follow-up report submitted? ☐ YES ☐ NO\*
 [If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, \*REFER\*.]
3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? ☒ YES ☐ NO\*
  - B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? ☒ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

EPCRA, ContinuedTOXIC RELEASE INVENTORY (TRI)

## Ask:

1. Does the facility have 10 or more full-time employees? ☒ YES ☐ NO
2. Is the facility classified under SIC codes 20 through 39? ☒ YES ☐ NO

If the response to either 1. or 2. is "NO," no further questions are required.

3. If both 1. and 2. are YES:

Did the facility use more than 10,000 lbs. of a chemical during a previous calendar year (starting with 1987). ☒ YES ☒ NO

4. If YES: *Zn*

Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? ☒ YES ☐ NO\*

For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 908-321-6194 or for EPCRA-Toxic Release Inventory at 908-906-6890.

REFER to program office if you check an answer marked with \*.

# TOXIC SUBSTANCES CONTROL ACT (TSCA)

## Ask:

1. A. Does the facility use electrical equipment that contains polychlorinated biphenyls (PCBs) (excluding small capacitors and florescent light ballasts)? ☐ YES\* ☒ NO
 

B. IF YES:

  - i. How many oil filled electrical transformers does the facility have?
  - ii. How many PCB Transformers does the facility have (transformers which contain PCBs at concentrations of 500 ppm or greater)?
2. A. Does the facility have any high temperature hydraulic systems? ☐ YES ☒ NO
 

B. If YES:

  - i. Have PCBs ever been used in these systems? ☐ YES\* ☐ NO
  - ii. What is the current PCB concentration in these systems?
3. A. Does the facility have any oil filled heat transfer systems? ☐ YES ☒ NO
 

B. If YES:

  - i. Have PCBs ever been used in these systems? ☐ YES\* ☐ NO
  - ii. What is the current PCB concentration in these systems?
4. A. OBSERVE PCB Items (transformers, capacitors, containers)
  - Are any leaking? ☐ YES\* ☐ NO
  - Do all have a PCB label? ☐ YES ☐ NO\*
5. A. ASK: Does the facility have a PCB storage for disposal area? ☐ YES\* ☐ NO
 

B. If YES, OBSERVE the PCB storage area. Does it have --

  - PCBs stored for disposal in it? ☐ YES\* ☐ NO
  - a roof and walls to keep out rain? ☐ YES ☐ NO\*
  - a 6" high impervious containment berm? ☐ YES ☐ NO\*
  - a PCB label? ☐ YES ☐ NO\*
  - Is it in the 100-year flood plain? ☐ YES\* ☐ NO
  - Do all items show the date "removed from service for disposal"? ☐ YES ☐ NO\*

REFER to program office if you check an answer marked with \*.

TSCA, Continued

6. ASK: Does the facility manufacture or import into the United States "new commercial chemicals" [i.e., chemicals which were not previously manufactured in or imported into the United States]?  
 \_\_\_ YES\* ~~\_\_\_ NO~~

[Note: Specific information on such chemicals is protected by TSCA as Confidential Business Information, and should not be obtained.]

For further TSCA information, call the TSCA Assistance Office in Washington at 202-554-1404 or the Region II TSCA program office at 908-321-6759.

**SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)**

40 CFR Part 112.1-112.7

Ask:

1. A. Does the facility store oil? ~~\_\_\_ YES~~ \_\_\_ NO

[Note: Oil is not limited to petroleum oil; for example, vegetable oil and transformer oil are regulated oils.]

B. If YES, does the storage capacity exceed --

- i. 660 gallons in any one above-ground tank? ~~\_\_\_ YES\*~~ \_\_\_ NO  
 ii. 1320 gallons in all above-ground tanks? \_\_\_ YES\* ~~\_\_\_ NO~~  
~~WRONG~~ ~~\_\_\_ iii. 42,000 gallons in underground tank(s)? \_\_\_ YES\*~~ ~~\_\_\_ NO~~

2. If the answer to any part of #1. B. was YES, did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan?

~~\_\_\_ YES~~ \_\_\_ NO\*

3. Did the facility have an oil spill within the last 12 months?

\_\_\_ YES\* ~~\_\_\_ NO~~

**Facility Response Plan (FRP)**

40 CFR Part 112

- 1) Does the facility have an oil storage capacity that is greater than or equal to 42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels?

\_\_\_ Yes\* ~~\_\_\_ No~~

REFER to program office if you check an answer marked with \*.



2) Does the facility have an oil storage capacity greater than or equal to one million gallons?

\_\_\_ Yes\* X No

3) Did the facility submit a Facility Response Plan to the EPA?

\_\_\_ Yes \_\_\_ No

### WETLANDS

1. Observe:

A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? \_\_\_ YES \_\_\_ NO

[Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.]

B. Are there any waterbodies or waterways on or adjacent to the site? \_\_\_ YES \_\_\_ NO

2. If answer to # 1. A or B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, or is there any evidence that such activities have occurred very recently? \_\_\_ YES \_\_\_ NO

3. If YES:

A. When was the work undertaken? \_\_\_\_\_

B. Does the facility have any permits for this work? \_\_\_ YES \_\_\_ NO\*

4. If YES:

A. What agency(s) issued such permits? \_\_\_\_\_  
(E.g., U.S. Army Corps of Engineers; State environmental agency.)

B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)? \_\_\_\_\_

If facility is unable to provide adequate information in response to # 4., \*REFER\* to program office.

REFER to program office if you check an answer marked with \*.

## FEDERAL INSECTICIDE, FUNGICIDE AND RODENTICIDE ACT

## FIFRA

If the inspection is conducted at a manufacturing facility, ask the following:

1. A. Are there any pesticides manufactured, relabeled, or repackaged at this establishment?

\_\_\_ YES ☒ NO

(Pesticide is (1) any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest, or (2) any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant.)

B. If YES, continue:

Does the establishment have an EPA Establishment Number? (EPA EST. #)

\_\_\_ YES \_\_\_ NO\*

(Section 7 of FIFRA requires all establishments producing, relabeling and/or repackaging pesticides be registered with EPA.)

- C. If Yes, enter the Establishment Number here  
\_\_\_\_\_ and continue:

- D. Has the company filed the Annual Pesticide Production Report form?

\_\_\_ YES \_\_\_ NO\*

(Report is due on March 2 of each year for the previous year's production.)

If the inspection is conducted at a storage-distribution facility or at a retail facility, ask the following:

2. A. Are there any pesticides being held for sale, distribution, or stored at this facility (warehouse)?

\_\_\_ YES ☒ NO

B. If YES, continue:

Are there any restricted use pesticides stored, or held for distribution, sale at this facility?

\_\_\_ YES \_\_\_ NO

C. Are there any containers leaking?

\_\_\_ YES\* \_\_\_ NO

D. Are pesticides stored next to strong acids, mineral acids, caustic and/or oxidizing materials?

\_\_\_ YES\* \_\_\_ NO

If the inspection is conducted at a site where there is a suspicion/indication that pesticides were not properly used, observe and record any visible adverse effects such as human adverse reaction(s), fish kill, dead birds, dead wildlife, plant damage, etc, and ask the following:

3. A. Have pesticides been applied by you (or by an employee of your company or by a pesticide application company?

\_\_\_ YES\* ~~\_\_\_ NO~~

B. If YES, continue obtaining the following information:

- Date of application,
- Name of pesticide applied,
- Name of pesticide applicator company (if applicable) or person in your company who made the application,
- Address and/or phone number of pesticide applicator company (if applicable),
- Type of health complaints from employee (if applicable),
- Contact person for follow-up.

REFER to Program Office if you check an answer marked with \*.

## CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention which would indicate the following:

1. Is the facility involved in deliberate acts of dumping or discharging wastes?  
☐ Yes\* ☐ No
2. Is there any evidence of bad intent or conduct? For example, falsification or records or efforts to conceal activities?  
☐ Yes\* ☐ No
3. Has there been any actual harm to individuals as a result of violations?  
☐ Yes\* ☐ No
4. Other activity or behavior which you believe indicates criminal behavior?  
☐ Yes\* ☐ No

Refer to Criminal Investigation Division if you checked Yes.

Attachment B

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

RCRA: Joel Golumbek (NJ, Caribbean), 637-4140  
John Gorman (NY), 637-4150

AIR (Except Asbestos): Karl Mangels (NY), 637-4078  
(Including CFC) Jehuda Menczel (NJ, Caribbean), 637-4045

AIR/ASBESTOS: Robert Fitzpatrick, 637-4042

UST: Dit Fai Cheung, 637-4124

TSCA: Dan Kraft, 908-321-6669  
Dave Greenlaw, 908-906-6817

EPCRA: For Toxic Release Inventory: Dan Kraft, 908-321-6669  
Nora Lopez, 908-906-6890  
For Emergency Planning & Community Right-to-Know:  
John Higgins, 908-906-6194

SPCC/FRP: Doug Kodama, 908-906-6905

Federal Facilities: Laura Livingston, 637-3494

NPDES and Pretreatment: John Kushwara, 637-3762

UIC: Frank Brock, 637-3875

Public Water Supply: Robert Williams, 637-3879

Wetlands: Daniel Montella, 637-3801

Removal Actions: Richard Salkie, 908-321-6658  
Bruce Sprague, 908-321-6656  
John Witkowski, 908-321-6991

Radiation: Michael Buccigrossi, 637-4008

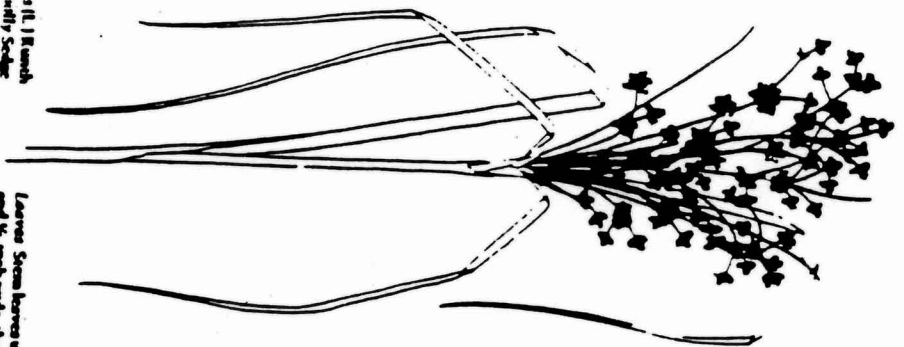
FIFRA: Fred Kozak, 908-321-6769

Criminal Investigations Division - William V. Lometti: 637-3634

Section Chiefs should contact their appropriate counterpart(s) on the above list concerning potential violations noted on the checklist or otherwise.



*Scirpus cespitosus* (L.) Kunth  
Wet grass or Woody Sedge



**Range:** Newfoundland to Saskatchewan, south to North Carolina and (Alabama)  
**Habitat:** Marshes, wet meadows, and ditches  
**General characteristics:** Plants up to 5 feet tall, growing in small groups, stems with long, narrow, rigid leaves, flowers crowded near small, oval, woolly spikelets on loose, drooping stems (upright, bluntly triangular, up to 1/2 inch thick, from a fibrous rooted base)

**Leaves:** Stem leaves up to 16 inches long and 1/2 inch wide, those immediately below the flower clusters show no fine, fibrous closed except at summit  
**Inflorescence:** Flowers inconspicuous in brownish spikelets, spikelets in clusters of six to twelve at the ends of long, somewhat drooping branches, flower clusters up to 13 inches long, much branched, flowering during August-September  
**Fruit:** A whitish, seed like outer with bristles much longer than the scales attached to the base, the bristles support the woolly appearance to the spikelets

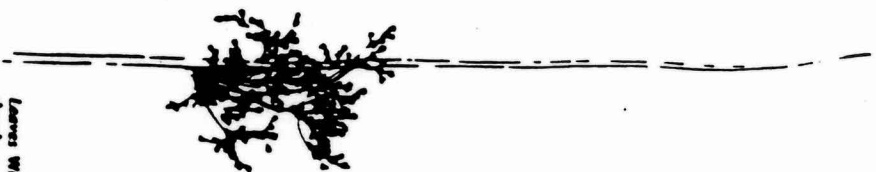
*Carex lurida* Walcott  
Sedge



**Range:** Nova Scotia to Minnesota, south to Florida and Mexico  
**Habitat:** Wet meadows, marshes, ditches, edges of ponds and pools  
**General characteristics:** Plants up to 3 feet tall, generally growing in dense clumps, stems bearing several long, narrow leaves with rough surfaces, male and female flowers on separate spikes, the latter in the axils of the uppermost leaves  
**Stem:** Sharply three angled and smooth, from a fibrous rooted base

**Leaves:** Up to 10 inches long and 1/2 inch wide, those immediately below the flower clusters resembling the stem leaves, leaf sheath with a ligule at the junction of the blade, closed except at summit  
**Inflorescence:** Flowers in the axils of scales with long tips and appressed in spikes, the male spike single, erect at the top of the stem, stem withering; female spikes two to four, thick, cylindrical, up to 3 1/2 inches long and 1/2 inch thick, sessile or short-stalked, erect or somewhat drooping, very densely flowered, flowering during June-July  
**Fruit:** A brown, seed like nutlet enclosed in an inflated sac (the perigynium)

TURN AT 90°  
Rush Family  
Flower as effluvia L  
Soft Rush



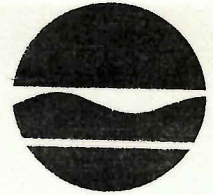
**Range:** Throughout southern Canada and the United States  
**Habitat:** Wet meadows, marshes, edges of ponds and bays, shallow water  
**General characteristics:** Grass like plants up to 5 feet tall, apparently branched stems, flowers in loose clusters borne on the side of the stem up to one third of the way down from the tip  
**Stem:** Upright, soft and green, finely striate, arising from a stout rhizome hidden among the tussocks

**Leaves:** Without blades, represented by sheaths at the base of the stem  
**Inflorescence:** Flowers small and greenish to brown with short scale like pointed sepals and short similar petals, numerous, flower clusters with many branching branches of variable length, the flowers at the tips of the smaller branches, flowering during July-August  
**Fruit:** A brownish capsule with three partitions containing many seeds (commonly confused species *Scirpus* spp. (Rudbeckia), seeds may be distinguished from Rudbeckia by the fact that the fruits consist of capsules in the former group and nutlets in the axils of spikelets in the latter group





New York State Department of Environmental Conservation  
50 Wolf Road, Albany, New York 12233



Thomas C. Jorling  
Commissioner

December 16, 1988

Mr. Stefan Kablak  
Safety Director  
Trico Products Corporation  
317 Washington Street  
Buffalo, NY 14203

RE: Reclassification of Trico Products Corporation  
EPA Identification Number: NYD002107399

Dear Mr. Kablak:

Based on a recent investigation and information supplied by your facility, this letter will terminate your New York State Interim Status under the provisions of 6NYCRR Part 373-1.3 to operate a hazardous waste facility at the subject site. Since New York State has federal authorization, this letter also terminates federal Interim Status for NYD002107399 under RCRA.

The Department has made a determination based upon available information that there has been no release of hazardous waste into the environment that prohibited clean closure of this facility prior to authorizing this termination. Under penalty of law, information to the contrary must be supplied to this Department. Please be advised that termination of Interim Status does not preclude liability for any action under the provisions of ECL Article 27 Title 13, "Inactive Hazardous Waste Disposal Sites."

If you have any questions regarding this letter, please contact us at (518) 457-3274.

Sincerely,

*James Sibbald Moran*  
James Sibbald Moran, P.E.  
Chief

RCRA Program Support Section  
Bureau of Hazardous Waste Program Development  
Division of Hazardous Substances Regulation

cc: L. Livingston, USEPA  
D. Mulholland, USEPA  
J. Denai, NYSDOC Albany  
P. Counterpane - NYSDOC Albany  
R. Belmont, NYSDOC Albany

1988 DEC 23 AM 11:38  
NEW YORK STATE  
DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
ALBANY REGION 11  
Hazardous Waste Division

done 12/27/88

C119=3 ✓

C1105=7 ✓

C305=8 ✓

CMT 9: ✓





*file*

September 12, 1986

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Richard A. Baker  
Chief  
Permit Administration Branch  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, N.Y. 10278

Dear Mr. Baker:

Re-Closure of Trico Plant #1 (EPA I.D. No. NYD002107399)

In reply to Mr. John L. Middlekoops letter of September 8, 1986 please be advised that we hereby formally request a denial of Part B Permit for subject facility. We understand that this will lead to the withdrawal of our interim status for this facility and complete the closure requirements.

Sincerely

TRICO PRODUCTS CORPORATION

A. J. Kemnitzer  
Plant Engineer

cc: Mr. Stan Siegel  
Mr. John L. Middlekoop

dw

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.

1986 SEP 18 PM 2:16

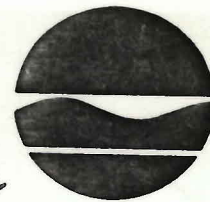
PERMITS ADMINISTRATION  
BRANCH

**New York State Department of Environmental Conservation**

50 Wolf Road, Albany, New York 12233-

SEP 08 1986

*Laura R. Baker*



Henry G. Williams  
Commissioner

Mr. Albert Kemnitzer  
Trico Products Corporation *Not in PDS*  
Buffalo, NY 14203

*P33 FC 9/8/86*  
*P32 AR*

*C1105=6*

*C12*

*C1103=H ✓*

Dear Mr. Kemnitzer:

Re: Closure of Trico Plant #1 (EPA I.D. No. NYD002107399) - *W0*

This letter confirms receipt by this office of both owner/operator and engineering certification of closure of the referenced facility. Upon review of our records, it is deemed that all applicable regulatory requirements in conjunction with closure of the RCRA-permitted portions of the referenced facility have been met.

In order to terminate the facility's interim status, an official formal request to deny the Part B Permit for the subject facility should be made, in writing, to the U.S. Environmental Protection Agency (USEPA). Upon receipt of this request, the USEPA will then publish a Notice of Intent to deny the RCRA Part B application for your facility. Following the required comment period for this notice, you will be notified by the USEPA insofar as termination of your facility's interim status. Please note that this step is legally required in order to have the facility's interim status withdrawn.

The aforementioned request should be forwarded, within 30 days from the date of this letter to:

Mr. Richard A. Baker  
Chief  
Permits Administration Branch  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, NY 10278

with copies to:

Mr. Stan Siegel  
Chief  
Compliance and Enforcement Section  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, NY 10278



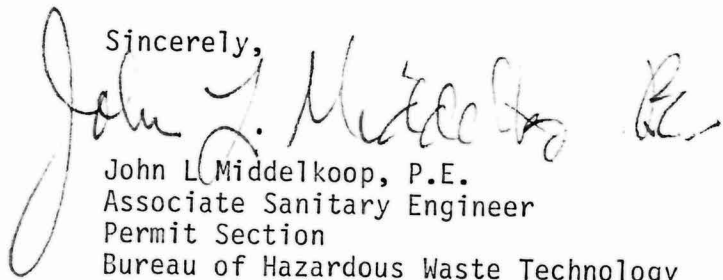


Mr. Albert Kemnitzer

Mr. John L. Middelkoop, P.E.  
Supervisor  
Permit Section  
Division of Solid and Hazardous Waste  
Room 401  
New York State Department of  
Environmental Conservation  
50 Wolf Road  
Albany, NY 12233

If you should have any questions or comments regarding the above, please contact Mr. George Heitzman at (518) 457-3274.

Sincerely,

  
John L. Middelkoop, P.E.  
Associate Sanitary Engineer  
Permit Section  
Bureau of Hazardous Waste Technology  
Division of Solid and Hazardous Waste

cc: R. Baker  
S. Siegel  
J. Middelkoop

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
NEW YORK, N.Y.  
1986 SEP 12 PM 3 01  
PERMITS ADMINISTRATION  
BRANCH

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

*file*

NYD002107399

February 28, 1983

Mr. Joseph Cvinar  
Grants Administration Branch  
Office of Policy and Management  
U.S. Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10278

Dear Mr. Cvinar:

Confirming our conversation of last month, we are currently reviewing the Company's status as a waste storage facility. Should we elect to continue as a waste storage facility, we will of course comply with the applicable E.P.A. regulations.

Very truly yours,



William R. Brown



WRB/kes

ENVIRONMENTAL  
NEW YORK

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

February 9, 1983

Miss Helen Beggun  
Chief, Grants Administration Branch  
Office of Policy and Management  
U.S. Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10278

Dear Miss Beggun:

Re: N.Y. 002107399  
Trico Products Corporation

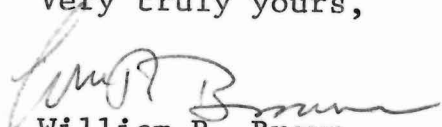
By letter dated January 31, 1983 (copy attached) from E.P.A., we are advised that Trico Products Corporation has not submitted documents necessary to establish compliance with liability insurance requirements and that Trico is therefore in violation of 40 CFR Section 265.147.

Trico is currently a generator described at Section 262.34(b) who accumulates hazardous waste for more than 90 days and is therefore a storage facility.

A storage facility can satisfy its liability requirement described at Section 265.147 by acquiring liability insurance in the prescribed amount and bearing the Hazardous Waste Facility Liability Endorsement. Trico has acquired such insurance and endorsement and forwarded by letter dated July 12, 1982 a signed duplicate original of the endorsement. A copy of the July 12 correspondence is also attached.

We believe Trico has complied with the liability insurance requirement of 40 CFR Section 265.147. We request the notice of violation be withdrawn.

Very truly yours,

  
William R. Brown  
Tax & Insurance Section

WRB/kes  
CC: Mr. A. J. Kemnitzer



GRANTS ADMINISTRATION  
BRANCH  
REC'D

FEB 11 10 27 AM '83

ENVIRONMENTAL

NEW YORK, NEW YORK



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION II  
26 FEDERAL PLAZA  
NEW YORK, NEW YORK 10278

NYDEW2107399

TRICO PRODUCTS CORPORATION PLANT 1  
KEMNITZER ALBERT PLANT EN  
817 WASHINGTON ST  
BUFFALO

NY 14203

Re:

EPA Identification number:  
Facility located at:

Dear Sir or Madam:

The Environmental Protection Agency (EPA) is charged with responsibility for implementing the Solid Waste Disposal Act, as amended, 42 U.S.C. §6901 et seq. (the Act). [Note: Among the statutes amending the Act is the Resource Conservation and Recovery Act (RCRA), 90 Stat. 2795, P.L. 94-580 (1976).]

By notification you informed EPA that you conduct activities involving hazardous waste at the above-referenced facility. By the submittal of a Part A application pursuant to the requirements of 40 CFR Part 122, you requested a permit to conduct such hazardous waste activities.

40 CFR Part 265 sets interim status standards for hazardous waste treatment, storage, and disposal facilities. These standards apply until final administrative disposition of permit application for these facilities has been made. No such final disposition has been made with respect to your facility, and thus the standards of Part 265 apply thereto.

40 CFR §265.147 (amended on April 17, 1982) requires that by the effective date of the regulation (July 17, 1982) an owner or operator of a hazardous waste facility must establish financial responsibility for bodily injury and property damage to third parties caused by sudden accidental occurrences arising from operations of the facility. As of December 15, 1982, information available to EPA indicates that your facility had not submitted the documents necessary to establish compliance with the liability insurance requirement. You are therefore in violation of 40 CFR §265.147.

REC'D  
EX-111  
LED 11 16 1983

ack  
2/4/83



GRANTS ADMINISTRATION  
BRANCH  
REGION IV

FEB 11 10 27 AM '83

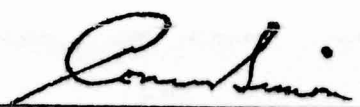
ENVIRONMENTAL  
NEW YORK, NEW YORK

Section 3008 of the Act authorizes the assessment of a civil penalty of up to \$25,000 per day for violations of statutory provisions or the regulations. The determination of whether a penalty is to be imposed is based upon the nature and the seriousness of the violation and any good faith efforts to comply with the applicable requirements.

It is your responsibility to correct all violations as expeditiously as possible. Should the violation(s) cited above not be cured within twenty (20) days of the date of this letter, it is likely that an action for the assessment of a civil penalty will be initiated. If you rectify the above-cited non-compliance within the twenty (20) day period, EPA will exercise its enforcement discretion and not assess a penalty for past financial requirements noncompliance. Furthermore, this letter in no way precludes an enforcement action for any other violations found at your facility.

In order to ensure that you are in compliance with the regulations, you must submit a copy of the required documents to Helen Beggun, Chief, Grants Administration Branch, Office of Policy and Management, U.S. Environmental Protection Agency, 26 Federal Plaza, New York, New York, 10278, within twenty (20) days of the date of this letter. Should you need any help concerning the applicability of the financial requirements to your facility, please call Mr. Joseph Cvinar of that Branch at (212) 264-9862. Please note that if you have submitted the necessary documents, you should contact Mr. Cvinar immediately.

Dated: New York, New York  
January 31, 1983



---

CONRAD SIMON  
Director, Air and Waste Management  
Division  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

REC-10  
EPA-10  
JAN 11

GRANTS ADMINISTRATION  
BRANCH  
REGION 1

FEB 11 10 27 AM '87

ENVIRONMENTAL  
AGENCY  
NEW YORK, NEW YORK

# **TRICO PRODUCTS CORPORATION**

**BUFFALO, N.Y. 14203**

July 12, 1982

United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Dear Sir:

Re: NYD 002107399  
Trico Products Corporation

As provided under Title 40, CFR Section 265.147,  
attached is a signed duplicate original of the Hazardous  
Waste Facility Liability Endorsement demonstrating Trico's  
liability coverage.

Very truly yours,

William R. Brown  
Tax & Insurance  
Section

WRB/kes  
BCC: Mr. A. J. Kemnitzer



Factories and General Offices: Buffalo, N.Y. 14203... Detroit Office: General Motors Bldg...

STANDARD FORM NO. 64 (REV. 5-22-64) PREVIOUS EDITIONS ARE OBSOLETE

GRANTS ADMINISTRATION  
BRANCH  
REGION II

FEB 11 10 27 AM '83

ENVIRONMENTAL  
NEW YORK

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.  
(The following information is required only when this endorsement is issued subsequent to preparation of policy.)

Endorsement effective 2/15/82 Policy No. L 291 42 56 Endorsement No. 1  
Named Insured Trico Products Corp. & Julia R. & Estelle L. Foundation, Inc.  
Additional Premium \$ NIL Countersigned by [Signature]  
ATTORNEY-IN-FACT

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**MANUFACTURERS AND CONTRACTORS LIABILITY INSURANCE**  
**OWNERS, LANDLORDS AND TENANTS LIABILITY INSURANCE**  
**SMP LIABILITY INSURANCE**

### Umbrella Liability Policy

#### HAZARDOUS WASTE FACILITIES — AMENDATORY PROVISIONS

It is agreed that the following additional provisions apply with respect to a Hazardous Waste Treatment, Storage, or Disposal Facility subject to the financial responsibility requirements of Title 40 CFR Part 264.147 or 265.147 (Environmental Protection Agency Regulations); provided that the name, address or location, and EPA Identification Number of such facility are shown in the Schedule below.

1. The following provisions apply, in place of the limits of liability provisions shown elsewhere in this policy, to the company's liability for damages because of bodily injury or property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants from any facility shown in the Schedule of this endorsement.

Regardless of the number of: (1) facilities shown in the Schedule of this endorsement; (2) insureds under this policy; (3) persons or organizations with whom bodily injury or property damage is caused; or (4) claims made or suits brought:

- (a) the total liability of the company for all damages because of all bodily injury and all property damage shall not exceed the limit of liability shown in the Schedule of this endorsement as "aggregate;"
- (b) subject to (a), the total liability of the company for all damages because of all bodily injury and all property damage arising out of a single occurrence shall not exceed the limit of liability shown in the Schedule of this endorsement as "each occurrence."

GRANTS ADMINISTRATION  
BRANCH  
REGION II

FEB 11 10 27 AM '83

ENVIRONMENTAL  
AGENCY  
NEW YORK, NEW YORK



For the purpose of determining the limit of the company's liability, all bodily injury and property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants, including all bodily injury and property damage arising out of all subsequent exposure of persons and property to such substances, shall be considered as arising out of a single occurrence.

2. The company shall pay any applicable deductible amount and, upon notification of such payment, the named insured shall promptly reimburse the company for the amount so paid. This provision does not apply with respect to that amount of any deductible for which financial responsibility is demonstrated as specified in 40 CFR 264.147 (f) or 265.147 (f).

3. Neither the company nor the insured may terminate the insurance provided herein for any facility except by providing written notice to the other party and the Regional Administrator(s) of the EPA Region(s) in which such facility(ies) is (are) located. Termination by cancellation shall be effective no fewer than sixty (60) days after such written notice is received by the Regional Administrator; other termination shall be effective no fewer than thirty (30) days after receipt of such notice.

SCHEDULE

Name of Facility	Address or Location	EPA Identification Number
Trico Products Corp.	817 Washington Street Buffalo, New York 14203	NYD002107399

Limits of Liability

\$ 1,000,000 aggregate

\$ 2,000,000 each occurrence

GRANTS ADMINISTRATION  
BRANCH  
REGION II

FEB 11 10 27 AM '83

ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, NEW YORK 10001

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

December 20, 1983

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Mr. Richard A. Baker  
Chief, Permits Administration Branch  
U.S. Environmental Protection Agency, Region II  
29 Federal Plaza  
New York, N.Y. 10278

Re: Trico Products Corporation  
EPA Identification Number: NYD 002107399  
Transportation

Dear Mr. Baker:

In the original submission of EPA Form 8700-12, it was indicated that we conducted Hazardous Waste Transportation via Highway (Item VI b and VII c). This transportation has been conducted solely to consolidate hazardous wastes at a storage facility prior to movement by contract carriers to a disposal or reclamation site.

As indicated in our November 22, 1983, letter, this storage facility will cease operation prior to January 1, 1984. Beginning that date all hazardous wastes at our three (3) plants (EPA ID No's: NYD 002107399, NYD 000813386 and NYD 000813394) will be managed under 262.34 a and disposed of directly from these plants in less than 90 days of generation. This obviates our need to transport hazardous waste and such operations will cease.

Please amend your records accordingly.

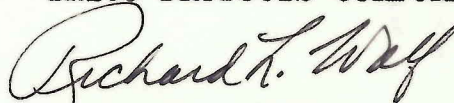




I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Very truly yours

TRICO PRODUCTS CORPORATION



Richard L. Wolf  
Executive Vice President

dw

cc: Mr. Ernest A. Regna  
Chief Solid Waste Branch  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, N.Y. 10278

and

Robert Mitrey, P.E.  
Regional Solid Waste Engineer, Region 9  
New York State Department of Environmental Conservation  
600 Delaware Avenue  
Buffalo, N.Y. 14202

WEE 42 2 48 PM '83  
MICHIGAN, N.Y. 10007



DATE RETURNED \_\_\_\_\_  
REASON \_\_\_\_\_

☐ ACKNOWLEDGEMENT SENT

INTERNAL CHECKLIST

ID # NYD002107399

comp

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING ☐

(2) FORM 3 MISSING ☐

B. POSTMARK after NOVEMBER 19, 1980 ☐ Valid ☐

C. (1) DATE of OPERATION MISSING ☐

(2) DATE of OPERATION after NOVEMBER 19, 1980 ☐

(1) NON-ACDIFIER ☐

D. (2) NOTIFIED after AUGUST 18, 1980 ☐ Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING ☐

(2) FORM 3, IX B SIGNATURE MISSING ☐

2. { A. HANDLER ☐

B. NONREGULATED ☐

C. UNSURE ☐

D. UNKNOWN FACILITY  
(missing name and address on Form 3) ☐

E. NEW FACILITY > NOV. 19, 1980 ☐

F. CORE ITEM(S) MISSING ☐

G. NON-CORE ITEM(S) MISSING ☐

H. OTHER ☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK



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NEW YORK STATE

DEPARTMENT OF ENVIRONMENTAL CONSERVATION

CERTIFICATE TO OPERATE, SOURCE OF AIR CONTAMINATION

I140200-1451-00001

"	"	00002
"	"	00005
"	"	00006
"	"	00007
"	"	00008
"	"	00010
"	"	00011
"	"	00012
"	"	00013
"	"	00020
"	"	00021
"	"	00022
"	"	00023
"	"	00024
"	"	00025
"	"	00027
"	"	00028
"	"	00029
"	"	00031
"	"	00032
"	"	00033
"	"	00034
"	"	00035
"	"	00036
"	"	00037
"	"	00039
"	"	00040
"	"	00041
"	"	00042
"	"	00043
"	"	00044
"	"	00050
"	"	00051
"	"	00052





OK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		F N Y D 002 107 399 3 D	
I. EPA I.D. NUMBER				GENERAL INSTRUCTIONS	
III. FACILITY NAME				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES NO FORM ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 TRICO PRODUCTS CORPORATION PLANT 1					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 KEMNITZER ALBERT PLANT ENGR			716 852 5700		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 817 WASHINGTON ST					
B. CITY OR TOWN			C. STATE D. ZIP CODE		
4 BUFFALO			NY 14203		
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 817 WASHINGTON ST					
B. COUNTY NAME					
ERIE					
C. CITY OR TOWN			D. STATE E. ZIP CODE F. COUNTY CODE (if known)		
6 BUFFALO			NY 14203		



CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	1	7	0	3	4
(specify) Motor Vehicle Parts and Accessories				(specify) Electroplating			
C. THIRD				D. FOURTH			
7	3	3	6	7	3	0	7
(specify) Non Ferrous Foundries				(specify) Miscellaneous Plastic Products			

## VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?	
TRICO PRODUCTS CORPORATION												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)												D. PHONE (area code & no.)	
F = FEDERAL S = STATE P = PRIVATE				M = PUBLIC (other than federal or state) O = OTHER (specify)				P		716 852 5700			
E. STREET OR P.O. BOX													
817 WASHINGTON ST													
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND			
B BUFFALO						NY		14203		Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)			
9	N			9	P		
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
9	U			1451-00001 (specify) N. Y. State DEC Certificate To Operate			
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
9	R			(specify)			

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

Manufacture of windshield wipers and other automotive accessories.

## XIII. CERTIFICATION (see instructions)

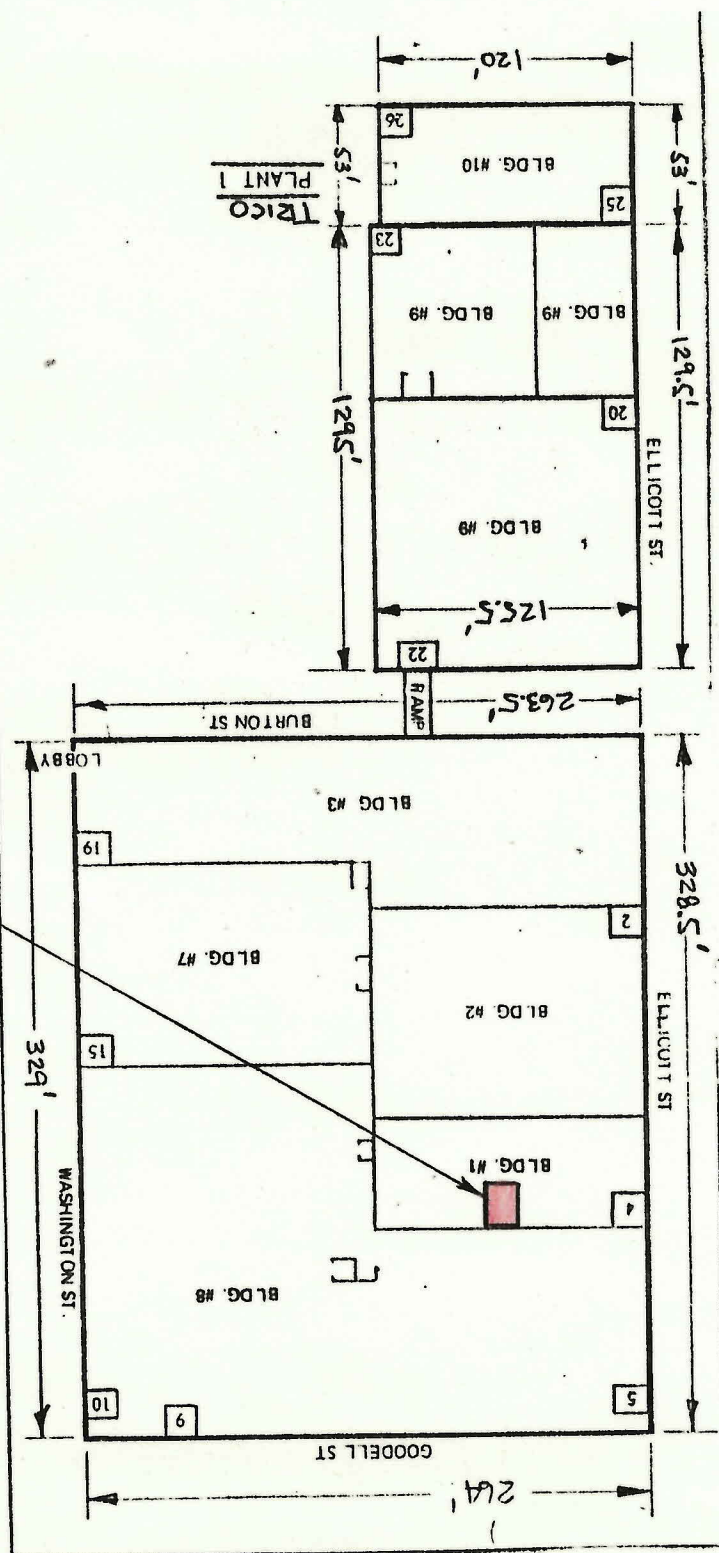
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Richard L. Wolf Vice President	<i>Richard L. Wolf</i>	November 14, 1980

## COMMENTS FOR OFFICIAL USE ONLY



NYD002107399  
TRICO PRODUCTS



DRUM STORAGE AREA  
1ST FLOOR, BLDG. #1  
16' X 22'

TRICO  
PLANT 1





<b>FORM 3</b> RCRA		<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	<b>I. EPA I.D. NUMBER</b>											
			S F N Y D 0 0 2 1 0 7 3 9 9 3 1											

FOR OFFICIAL USE ONLY	
APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 29

COMMENTS

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

### A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	11	12	80	

☐ 2. NEW FACILITY (Complete item below.)

YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
73	74	75	76 77 78

### B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>			<b>OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)</b>		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>	<b>UNIT OF MEASURE</b>	<b>UNIT OF MEASURE CODE</b>
GALLONS . . . . .	G	LITERS PER DAY . . . . .	V	ACRE-FEET . . . . .	A
LITERS . . . . .	L	TONS PER HOUR . . . . .	D	HECTARE-METER . . . . .	F
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	W	ACRES . . . . .	B
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	E	HECTARES . . . . .	Q
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .	H		

**EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below):** A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S F N Y D 0 0 2 1 0 7 3 9 9 3 1											
C DUP											
1 2 3 4 5 6 7 8 9 10											
LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY		
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)			
X-1	S 0 2	600	G		5						
X-2	T 0 3	20	E		6						
1	S 0 1	3575000	G		7						
2					8						
3					9						
4					10						



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS . . . . . P  
 TONS . . . . . T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS . . . . . K  
 METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
W N Y D 0 0 2 1 0 7 3 9 9 3 1													W DUP														
1 2 13 14 15													1 2 13 14 15 23 26														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)												2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
1	F001	300	000	P	S	0	1																				
2	F008	600	000	P	S	0	1																				
3	D001	200	000	P	S	0	1																				
4																											
5																											
6																											
7																											
8																											
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25																											
26																											



**IV. DESCRIPTION OF HAZARDOUS WASTES (continued)****E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**F6:A  
55 F6:A  
56

EPA I.D. NO. (enter from page 1)

F N Y D 0 0 2 1 0 7 3 9 9 3 6

**V. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**VI. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**VII. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, &amp; seconds)

42 53 45.0

LONGITUDE (degrees, minutes, &amp; seconds)

078 52 11.0

**VIII. FACILITY OWNER**

- ☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

E Trico Products Corporation

716-852-5700

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F 817 Washington Street

G Buffalo

NY

14203

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Richard L. Wolf  
Vice President

B. SIGNATURE

Richard L. Wolf

C. DATE SIGNED

November 14, 1980

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

3<sup>RD</sup> PLANT

RCRA INSPECTION REVIEW SHEET

520

Name of Facility - *TRICO PRODUCTS CORP.*

RCRA ID# - *NYD000813394*

Date of Inspection - *7/9/81*

Type of Inspection: ☒ Generator

Transporter

TSD

Name of EPA/State Inspector -

*KEVIN R. HINTZ*

Findings of Inspection:

*NO GENERATOR VIOLATIONS.*

OCT 16 11 56 AM '81  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

Action(s) Taken:

Action(s) Recommended:

*ALTHOUGH INSPECTION FORM CLAIMS THAT THIS FACILITY IS NOT A TSD, THE COVER LETTER STATES THAT WASTE FROM THEIR FIRST PLANT IN BUFFALO IS TRANSPORTED TO THIS FACILITY TO MIX WITH THE PLATING RINSE WASTE. THIS MIXING MAY BE CONSIDERED TREATMENT AND, AS A RESULT, SUBJECT THEM TO THE TSD REQUIREMENTS.*







**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	NYD002107399
I. NAME OF INSTALLATION	TRICO PRODUCTS CORPORATION 817 WASHINGTON ST BUFFALO, NY 14203
II. INSTALLATION MAILING ADDRESS	817 WASHINGTON ST BUFFALO, NY 14203
III. LOCATION OF INSTALLATION	817 WASHINGTON ST BUFFALO, NY 14203

**FOR OFFICIAL USE ONLY**

COMMENTS																											
C																											
C																											
15	16																										
INSTALLATION'S EPA I.D. NUMBER										APPROVED					DATE RECEIVED (yr., mo., & day)												
S	NY0002107399										T/A	C						860818									
F	31																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26		

### I. NAME OF INSTALLATION

[illegible]

## II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																									
C																											
3																											
15	16																									45	
		CITY OR TOWN																				ST.		ZIP CODE			
C																											
4																											
15	16																					40 41 42 43		51			

### III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																								
C																										
5																										
19	16																					45				
		CITY OR TOWN																		ST.	ZIP CODE					
C																										
6																										
18	14																			40	41	42	47	-	51	

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)																							
2	K	E	M	N	I	T	Z	E	R	A	L	B	E	R	T	P	L	A	N	T	E	N	G	R			7	1	6	-	8	5	2	-	5	7	0	0
18	14																								48	44	-	48		44	-	51		52		55		

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER																										
8	T	R	I	C	O		P	R	O	D	U	C	T	S		C	O	R	P	O	R	A	T	I	O	N

**B. TYPE OF OWNERSHIP**  
(enter the appropriate letter into box)

F = FEDERAL  
M = NON-FEDERAL

## VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

**A. GENERATION**

☒ **B. TRANSPORTATION** (*complete item VII*)

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

☐ **A. AIR**      ☐ **B. RAIL**      ☒ **C. HIGHWAY**      ☐ **D. WATER**      ☐ **E. OTHER (specify):**

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**      ☐ **B. SUBSEQUENT NOTIFICATION** (*complete item C*)

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



I.D. - FOR OFFICIAL USE ONLY															
S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	N	Y	D	0	0	2	1	0	7	3	9	9	2	1	

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F003	F006	F007	F008	F009
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P001	P029	P030	P098	P106	P121
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U002	U044	U056	U112	U134	U144
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U151	U159	U201	U211	U213	U220
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

# X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
Richard L. Wolf	Richard L. Wolf Vice President	8-15-80

RCRA INSPECTION REVIEW SHEET

157 PLANT

Name of Facility - TRICO PRODUCTS CORP.

RCRA ID# - NYD002107399

Date of Inspection - 7/9/81

Type of Inspection: ☒ Generator

☒ Transporter

☒ TSD

Name of EPA/State Inspector -

KEVIN R. HINTZ

518

Findings of Inspection:

VIOLATIONS - 265.32 265.110

265.13 265.142

265.15 265.176 (INSPECTOR CLAIMS THEY VIOLATE BUT IN ANOTHER AREA SAYS THEY  
DON'T HAVE IGNITABLE OR REACTIVE WASTES ON SITE)

265.16

265.51

265.73

Action(s) Taken:

PAB  
OCT 16 11 56 AM '81  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

Action(s) Recommended:

THE INSPECTOR CLAIMS MANY OF THE ABOVE VIOLATIONS WERE NOT APPLICABLE  
BUT GIVES NO REASON FOR SO STATING. AS IT STANDS, THE FACILITY IS IN  
VIOLATION OF THE ABOVE REGULATIONS.





RCRA GENERATOR INSPECTION FORMCOMPANY NAME:

TRICO PRODUCTS CORP

COMPANY ADDRESS:

817 Washington St. Buffalo

COMPANY CONTACT OR OFFICIAL:

Albert Kemnitzer

TITLE:ENCLOSER  
Plant ManagerCHECK IF FACILITY IS ALSO A TSD  
FACILITY ☒EPA I.D. NUMBER:

NY D002107399

(Plant #1)

INSPECTOR'S NAME:

Kevin R. Hintz

BRANCH/ORGANIZATION:

NY SDEC

DATE OF INSPECTION:

7/9/81

YESNODON'T  
KNOW(1) Is there reason to believe that the facility has hazardous waste on site? ☒              a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:☒ Company admits that its waste is hazardous during the inspection.☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES

NO

DON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

— X —

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

F001 - Methylene chloride & Trichloroethylene waste solvents.

F008 - Cyanide waste from cleaning of ducts. (12 barrels per year)

- d. Describe the activities that result in the generation of hazardous waste.

Trichloro - degreasing  
Methylene chloride - wax strippers used in plating operation  
Cyanide - cleaning

- (2) Is hazardous waste stored on site?

X — —

- a. What is the longest period that it has been accumulated?

- b. Is the date when drums were placed in storage marked on each drum?

X — —

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

X — —

- a. If "yes," approximately how many shipments were made?

1

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

X — —

- b. If "no" or "don't know," please elaborate.



	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
c. Does each manifest (or a representative sample) have the following information?			
- a manifest document number	<u>X</u>	—	—
- the generator's name, mailing address, telephone number, and EPA identification number	<u>X</u>	—	—
- the name, and EPA identification number of each transporter	<u>X</u>	—	—
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:	—	<u>X</u>	—
- a description of the wastes (DOT)	<u>X</u>	—	—
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle	<u>X</u>	—	—
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA	(Not legible) <u>X</u>	—	—
(5) Were there any hazardous wastes stored on site at the time of the inspection?	<u>X</u>	—	—
a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?	—	—	—
b. If not properly packaged or in secure tanks, please explain.			
c. Are containers clearly marked and labelled?	<u>X</u>	—	—
d. Do any containers appear to be leaking?	—	<u>X</u>	—
e. If "yes," approximately how many?			

- |  | YES      | NO  | DON'T<br>KNOW |
|--|----------|---|---------------|
| *(6) Has the generator submitted an annual report to EPA covering the previous calendar year?  |          | <u>X</u>  |               |
| a. How do you know?  |          | <u>Repealed</u><br><u>in</u><br><u>March 1981</u> |               |
| (7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? | <u>X</u> |   |               |
| a. If "no," have Exception Reports been submitted to EPA covering these shipments?   | <u>X</u> |   |               |
| (8) General comments.  |          |   |               |

\* The effective date for this requirement is March 1, 1982.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: TRICO PROPERTIES, Inc.

EPA I.D.: NYD002107399

Transporter Address: 817 Washington St  
Buffalo, NY

Driver: parked at plant

- |  | <u>Yes</u>   | <u>No</u>    |
|--|--------------|--------------|
| 1. Does the transporter have an EPA I.D. number?             | ( <u>X</u> ) | (   )        |
| 2. Is the transporter carrying hazardous waste?              | (   )        | ( <u>X</u> ) |
| 3. Does the transporter have a manifest?                     | (   )        | ( <u>X</u> ) |
| 4. Does the manifest show the following information:         |              |              |
| a. Name, address, I.D. of generator                          | (   )        | (   )        |
| b. Name, address, I.D. of transporter                        | (   )        | (   )        |
| c. Name, address, I.D. of designated facility                | (   )        | (   )        |
| d. Name of alternative facility                              | (   )        | (   )        |
| e. DOT waste description                                     | (   )        | (   )        |
| f. Quantity of waste-volume, weight,<br>number of containers | (   )        | (   )        |
| g. Signed certification statement                            | (   )        | (   )        |
| 5. Does the manifest information confirm vehicle load?       | (   )        | (   )        |
| 6. Is the vehicle placarded for hazardous waste?             | (   )        | ( <u>X</u> ) |
| 7. General comments:   |              |              |

Essentially only one truck is used to transport  
the hazardous waste between the 3 TRICO  
plants.

Inspected by: K. R. Hirtz  
Date: 7/9/81





INSPECTOR'S NAME:

DATE OF INSPECTION:

Master (Part 564)

Kevin R. Hantz

7/9/81

BRANCH/ORGANIZATION:

TIME OF DAY INSPECTION TOOK PLACE:

NYSDOC

11:00 AM

(1) Is there reason to believe that the facility has hazardous waste on site?

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

YES

NO

DON'T  
KNOW

— ☒ —

Please explain:

Raw materials which are hazardous  
do exist on site.

c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

FOO1 Methylenechloride & Trichloroethylene waste solvents  
FOO8 Cyanide waste (12 barrel per year)

(2) Does the facility generate hazardous waste?

☒ — —

(3) Does the facility transport hazardous waste?

☒ — —

(4) Does the facility ~~treat~~ store or ~~dispose~~ of hazardous waste?

☒ — —



facility?

(6) Are there ignitable, reactive or incompatible wastes on site? (§265.27)

a. If "YES", what are the approximate quantities?

b. If "YES", have precautions been taken to prevent accidental ignition or reaction of ignitable or reactive waste?

c. If "YES", explain

d. In your opinion, are proper precautions taken so that these wastes do not:

- generate extreme heat or pressure, fire or explosion, or violent reaction?
- produce uncontrolled toxic mists, fumes, dusts, or gases in sufficient quantities to threaten human health?
- produce uncontrolled flammable fumes or gases in sufficient quantities to pose a risk of fire or explosions?
- damage the structural integrity of the device or facility containing the waste?
- threaten human health or the environment?

Please explain your answers, and comment if necessary.

e. Are there any additional precautions which you would recommend to improve hazardous waste handling procedures at the facility?

(7) Does the facility comply with preparedness and prevention requirements including maintaining: (§265.32)

no program

require all of the above procedures, or are some not needed? Explain.

In your opinion, do the types of wastes on site require all of the above procedures, or are some not needed? Explain.

- \*(8) Have you inspected to verify that the groundwater monitoring wells (if any) mentioned in the facility's groundwater monitoring plan (see no. 19 below) are properly installed? — — —

If you have, please comment, as appropriate.

- (9) a. Is there any reason to believe that groundwater contamination already exists from this facility? If "YES", explain. — — —
- b. Do you believe that operation of this facility may affect groundwater quality? — — —
- c. If "YES", explain.

#### RECORDS INSPECTION

- (10) Has the facility received hazardous waste from an off-site source since Nov. 19, 1980 (effective date of the regulations)? X — —
- a. If "YES", does it appear that the facility has a copy of a manifest for each hazardous waste load received? X — —
- b. How many post-November 19 manifests does it have? (If the number is large, you may estimate) ①
- c. Does each manifest (or a representative sample) have the following information?
- a manifest document number X — —

- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle

- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA.

d. Are there any indications that unmanifested hazardous wastes have been received since November 19, 1980? If YES, explain.

(11) Does the facility have a written waste analysis plan specifying test methods, sampling methods and sampling frequency? (§265.13)

a. Does the character of wastes handled at the facility change from day to day, week to week, etc., thus requiring frequent testing?

(You may check more than one)

Waste characteristics vary \_\_\_\_\_

All wastes are basically the same \_\_\_\_\_

Company treats all waste as hazardous \_\_\_\_\_

Don't know \_\_\_\_\_

b. Does hazardous waste come to this facility from off-site sources?

c. If waste comes from an off-site source, are there procedures in the plan to insure that wastes received conform to the accompanying manifest?

(12) INSPECTIONS (§265.15)

a. Does the facility have a written inspection schedule?

b. Does the schedule identify the types of problems to be looked for and the frequency for inspections?

c. Does the owner/operator record inspections in a log?

d. Is there evidence that problems reported in the inspection log have not been remedied? If "YES," please explain.

X \_ \_

X \_ \_

\_ \_ X

\_ X \_

X \_ \_

X \_ \_

\_ X \_

\_ X \_

\_ X \_

\_ X \_

5th copy  
illegible  
for signatures

X (Put all from  
Trico plants)



- actual training or experience received by personnel? — X —

(14) Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosion or any unplanned release of hazardous waste? — X —

(\$265.51)

a. Does the plan describe arrangements made with local authorities? — X —

b. Has the contingency plan been submitted to local authorities? — X —

How do you know?

c. Does the plan list names, addresses, and phone numbers of Emergency Coordinators? — X —

d. Does the plan have a list of what emergency equipment is available? — X —

e. Is there a provision for evacuating facility personnel? — X —

f. Was an Emergency Coordinator present or on call at the time of the inspection? — X —

(15) Does the owner/operator keep a written operating record with: (\$265.73)

- a description of wastes received with methods and dates of treatment, storage or disposal? — NA —

- location and quantity of each waste? — — —

- detailed records and results of waste analysis and treatability tests performed on wastes coming into the facility? — — —

- detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? — — —

\*(16) Does the facility have written closure and post-closure plans? (\$265.110) — NA —

a. Does the written closure plan include:

- a description of how and when the facility will be partially (if applicable) and ultimately closed? — — —

\* Effective date for this requirement is May 19, 1981.

closure will be completed? \_\_\_\_\_

b. What is the anticipated date for final closure? \_\_\_\_\_

†c. Does the owner/operator have a written post-closure plan identifying the activities which will be carried on after closure and the frequency of these activities? \_\_\_\_\_

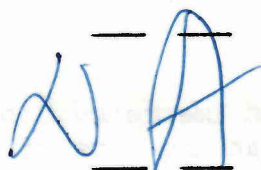
d. Does the written post-closure plan include: \_\_\_\_\_

- a description of planned groundwater monitoring activities and their frequencies during post-closure? \_\_\_\_\_

- a description of planned maintenance activities and frequencies to ensure integrity of final cover during post-closure? \_\_\_\_\_

- the name, address and phone number of a person or office to contact during post-closure? \_\_\_\_\_

\*(17) Does the owner/operator have a written estimate of the cost of closing the facility? (§265.142) What is it? \_\_\_\_\_

\*(18) Does the owner/operator have a written estimate of the cost for post-closure monitoring and maintenance? What is it? (§265.144)  \_\_\_\_\_

\*(19) Has a groundwater monitoring plan been submitted to the Regional Administrator for facilities containing a surface impoundment, landfill or land treatment process? (This requirement does not apply to recycling facilities.) (§265.90) \_\_\_\_\_

a. Does the plan indicate that at least one monitoring well has been installed hydraulically upgradient from the limit of the waste management area? \_\_\_\_\_

b. Does the plan indicate that there are at least three monitoring wells installed hydraulically downgradient at the limit of the waste management area? \_\_\_\_\_

† This section applies only to disposal facilities.

\* Effective date for this requirement is May 19, 1981.



Container p. 7

Incineration pp. 12-13

Surface Impound-  
ment p. 8

Tank, above ground p. 8

Thermal Treatment pp. 12-13

Other \_\_\_\_\_

Tank, below ground p. 8

Land Treatment pp. 9-10

Other \_\_\_\_\_

Chemical, Physical p. 13  
and Biological  
Treatment (other than  
in tanks, surface impound-  
ment or land treatment  
facilities)YESNODON'T  
KNOW

Other \_\_\_\_\_

CONTAINERS (\$265.170)

1. Are there any leaking containers?  
If "YES", explain.

— X —

2. Are there any containers which appear in danger  
of leaking?  
If "YES", explain.

— X —

3. Do wastes appear compatible with container  
materials?

— X —

4. Are all containers closed except those in use?

— X —

5. Do containers appear to be opened, handled  
or stored in a manner which may rupture the  
containers or cause them to leak?

— X —

6. How often does the plant manager claim to inspect  
container storage areas?

daily

7. Does it appear that incompatible wastes are being  
stored in close proximity to one another?  
If "YES", explain.

— X —

8. Are containers holding ignitable or reactive  
wastes located at least 15 meters (50 feet) from  
the facility's property line?

— X —

9. What is the approximate number and size of  
containers with hazardous wastes?

55 gal. cans  
36 cansStorage area  
is just a caged  
off area in  
a corner of the  
plant.

3. Are wastes or treatment reagents being placed in tanks which could cause them to rupture, leak, corrode or otherwise fail? If "YES", explain. \_ \_ \_
4. Do uncovered tanks have at least 2 feet of freeboard or an adequate containment structure? \_ \_ \_
5. Where hazardous waste is continuously fed into a tank, is the tank equipped with a means to stop this inflow? \_ \_ \_
6. Does it appear that incompatible wastes are being stored in close proximity to one another, or in the same tank? If "YES", explain. \_ \_ \_
7. How often does the plant manager claim to inspect container storage areas?
8. Are ignitable or reactive wastes stored in a manner which protects them from a source of ignition or reaction? If "YES", explain. \_ \_ \_
9. What is the approximate number and size of tanks containing hazardous wastes?

SURFACE IMPOUNDMENTS (\$265.220)

1. Is there at least 2 feet of freeboard in the impoundment? \_ \_ \_
2. Do all earthen dikes have a protective cover to preserve their structural integrity? If "YES", specify type of covering. \_ \_ \_
3. Is there reason to believe that incompatible wastes are being placed in the same surface impoundment? If "YES", explain. \_ \_ \_

6. Give the approximate size of surface impoundments (gallons or cubic feet).

WASTE PILES (\$265.250)

1. Is the waste pile protected from wind erosion? \_\_\_
- a. Does it appear to need such protection? \_\_\_
- b. Explain what type of protection exists. \_\_\_
2. Does it appear that incompatible wastes are being stored in the same waste pile? \_\_\_  
If "YES", explain. \_\_\_
3. Is leachate run-off from a pile a hazardous waste? \_\_\_  
If "YES", explain this determination and answer (a) and (b) below. \_\_\_
- a. Is the pile placed on an impermeable base that is compatible with the waste? \_\_\_
- b. Is the pile protected from precipitation and run-on? \_\_\_
4. In your judgment, are ignitable or reactive wastes managed in such a way that they are protected from any material or conditions which may cause them to ignite? \_\_\_  
Please explain or indicate if no such wastes are present. \_\_\_

Are they placed on an existing pile so that they no longer meet the definition of ignitable or reactive waste? \_\_\_  
Please explain. \_\_\_

5. How many waste piles are on site, and approximately how large are they?

LAND TREATMENT (\$265.270)

1. Can the facility operator demonstrate that the hazardous waste has been made less or non-hazardous by biological degradation or chemical reactions occurring in or on the soil? \_\_\_  
Please explain. \_\_\_



- will not be transferred to the crop  
or ingested by food chain animals or

- will not occur in greater concentra-  
tions in the crops grown on the land  
treatment facility than in the same  
crops grown on untreated soils.

b. Has notification of the growing of the  
food chain crops been made to the  
Regional Administrator?

5. Is there a written and implemented plan  
for unsaturated zone monitoring?

6. Are there records of the application dates,  
application rates, quantities and location  
of each hazardous waste placed in the facility?

7. Do the closure and post-closure plans address:

a. control of migration of hazardous wastes  
into the groundwater?

b. control of run-off, release of airborne  
particulate contaminants?

c. compliance with requirements for the  
growth of food-chain crops (if they are  
present)?

8. Is ignitable or reactive waste immediately  
incorporated into the soil so the resulting  
waste no longer meets that definition?  
If "YES", explain.

9. Are incompatible wastes placed in the same  
land treatment area?  
If "YES", explain.

10. What is the area of the land receiving  
hazardous waste treatment?

#### LANDFILLS (\$265.300)

†1. Is run-on diverted away from the active  
portions of the landfill?

†2. Is run-off from active portions of the  
landfill collected?

\* Effective date for these requirements is May 19, 1981.

† These requirements are effective November 19, 1981.

- the contents of each cell and approximate location of each hazardous waste type

\_\_\_\_\_

5. Do the closure and post-closure plans address:

- control of pollutant migration via ground water?
- control of surface water infiltration?
- prevention of erosion?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Is ignitable or reactive waste treated before being placed in the landfill? Explain how you know.

\_\_\_\_\_

7. Are precautions taken to insure that incompatible wastes are not placed in the same landfill cell? If "NO", explain.

\_\_\_\_\_

8. Are bulk or non-containerized wastes containing free liquids placed in the landfill? If "YES",

\_\_\_\_\_

a. Does the landfill have a liner which is chemically and physically resistant to the added liquid?

\_\_\_\_\_

b. Is the waste treated and stabilized so that free liquids are no longer present?

\_\_\_\_\_

9. Are containers holding liquid waste or waste containing free liquids placed in the landfill?

\_\_\_\_\_

10. Are empty containers (e.g. those containing less than 1/2 inch of liquid) placed in the landfills?

\_\_\_\_\_

If so, are they crushed flat, shredded or similarly reduced in volume before they are buried?

\_\_\_\_\_

11. What is the approximate area of the hazardous waste landfill?

\* Effective date for this requirement is November 19, 1981.

thermally treated during your inspection?  
If "YES", answer all following questions.  
If "NO", answer only questions 3 and 7.

3. Has waste analysis been performed (and written records kept) to include:

- heating value of the waste
- halogen content
- sulfur content
- concentration of lead
- concentration of mercury

—	—	—
—	—	—
—	—	—
—	—	—
—	—	—

NOTE: Waste analysis need not be performed on each waste load if if there are documented data available to show waste characteristics that do not vary. If there are such documented data available, check here     .

4. Does it appear that the owner/operator brings his thermal treatment process to steady state (normal) conditions of operation before introducing hazardous wastes?

—	—	—
---	---	---

5. Did it appear during your inspection that there was adequate monitoring and inspection by owner/operator every 15 minutes during hazardous waste incineration for:

- waste feed
- auxiliary fuel feed
- air flow
- incinerator temperature
- scrubber flow
- scrubber pH
- relevant level controls

—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—
—	—	—

Every hour for:

- stack plume (color and opacity)

—	—	—
---	---	---

5. Is there open burning of hazardous waste?

—	—	—
---	---	---

6. Does the incinerator appear to be operating properly? (Do emergency shutdown controls and system alarms seem to be in good working order?) Please explain.

— — —

a. Is there any evidence of fugitive emissions?

— — —

7. Is the residue from the incinerator treated by the owner as a hazardous waste? Please explain.

— — —

8. What types of air pollution control devices (if any) are installed on the incinerator?

CHEMICAL, PHYSICAL AND BIOLOGICAL TREATMENT (\$265.400)

1. Does the treatment process system show any signs of ruptures, leaks, or corrosion? Please explain.

— — —

2. Is there a means to stop the inflow of continuously-fed hazardous wastes?

— — —

3. Is there ignitable or reactive waste fed into the treatment system?

— — —

If "YES", has it been treated or protected from any material or conditions which may cause it to ignite or react? If so, explain how.

— — —

Are the incompatible wastes placed in the same treatment process? If "YES", explain.

— — —

5. Describe the treatment system at this facility.

RECEIVED BY THE SECRETARY OF THE ARMY

WASHINGTON, D. C.  
JAN 10 1900

TO THE SECRETARY OF THE ARMY  
FROM THE SECRETARY OF THE ARMY

RECEIVED BY THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.

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RECEIVED BY THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.

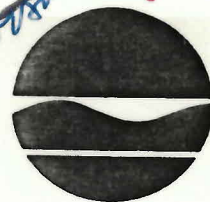
RECEIVED BY THE SECRETARY OF THE ARMY  
WASHINGTON, D. C.



New York State Department of Environmental Conservation

50 Wolf Road, Albany, New York 12233-

SEP 08 1985



Henry G. Williams  
Commissioner

Mr. Albert Kemnitzer  
Trico Products Corporation  
Buffalo, NY 14203

10/16/85  
✓C119=1

Paul  
Syr

Dear Mr. Kemnitzer:

Re: Closure of Trico Plant #1 (EPA I.D. No. NYD002107399)

This letter confirms receipt by this office of both owner/operator and engineering certification of closure of the referenced facility. Upon review of our records, it is deemed that all applicable regulatory requirements in conjunction with closure of the RCRA-permitted portions of the referenced facility have been met.

In order to terminate the facility's interim status, an official formal request to deny the Part B Permit for the subject facility should be made, in writing, to the U.S. Environmental Protection Agency (USEPA). Upon receipt of this request, the USEPA will then publish a Notice of Intent to deny the RCRA Part B application for your facility. Following the required comment period for this notice, you will be notified by the USEPA insofar as termination of your facility's interim status. Please note that this step is legally required in order to have the facility's interim status withdrawn.

The aforementioned request should be forwarded, within 30 days from the date of this letter to:

Mr. Richard A. Baker  
Chief  
Permits Administration Branch  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, NY 10278

with copies to:

Mr. Stan Siegel  
Chief  
Compliance and Enforcement Section  
U.S. Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, NY 10278



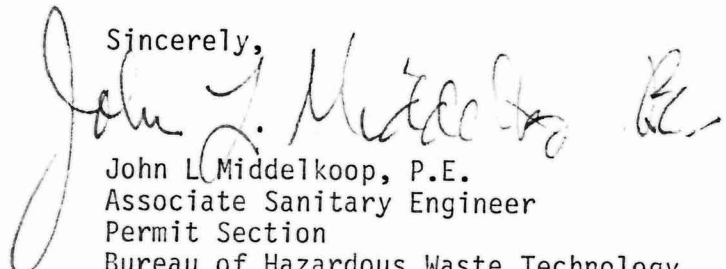
Mr. Albert Kemnitzer

2.

Mr. John L. Middelkoop, P.E.  
Supervisor  
Permit Section  
Division of Solid and Hazardous Waste  
Room 401  
New York State Department of  
Environmental Conservation  
50 Wolf Road  
Albany, NY 12233

If you should have any questions or comments regarding the above, please contact Mr. George Heitzman at (518) 457-3274.

Sincerely,



John L. Middelkoop, P.E.  
Associate Sanitary Engineer  
Permit Section  
Bureau of Hazardous Waste Technology  
Division of Solid and Hazardous Waste

cc: R. Baker  
S. Siegel  
J. Middelkoop



# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

May 16, 1983

Regional Administrator  
United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Dear Sir:

Re: Corporate Guarantee for Closure

I am the chief financial officer of Trico Products Corporation, 817 Washington Street, Buffalo, New York 14203. This letter is in support of this firm's use of the financial test to demonstrate financial assurance, as specified in Subpart H of 40 CFR Parts 264 and 265.

1. This firm is the owner or operator of the following facilities for which financial assurance for closure or post-closure care is demonstrated through the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by the test are shown for each facility:

NY 002107399  
Trico Products Corporation  
817 Washington Street  
Buffalo, New York 14203

Current Closure Cost Estimate: \$16,000.00  
Current Post-Closure  
Cost Estimate: Not Applicable

2. This firm guarantees, through the corporate guarantee specified in Subpart H of 40 CFR Parts 264 and 265, the closure or post-closure care of the following facilities owned or operated by subsidiaries of this firm. The current cost estimates for the closure or post-closure care so guaranteed are shown for each facility: None





IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

GRANTS ADMINISTRATION  
BRANCH  
RECEIVED

MAY 23 12 37 PM '82

ENVIRONMENTAL

NEW YORK

TO: DIRECTOR, ENVIRONMENTAL PROTECTION AGENCY  
FROM: [illegible]  
SUBJECT: [illegible]

RE: [illegible]  
[illegible]  
[illegible]

1. [illegible]  
2. [illegible]  
3. [illegible]  
4. [illegible]  
5. [illegible]

Very truly yours,  
[illegible]  
[illegible]

cc: [illegible]  
[illegible]  
[illegible]

May 16, 1983

3. In States where EPA is not administering the financial requirements of Subpart H of 40 CFR Parts 264 or 265, this firm, as owner or operator or guarantor, is demonstrating financial assurance for the closure or post-closure care of the following facilities through the use of a test equivalent or substantially equivalent to the financial test specified in Subpart H of 40 CFR Parts 264 and 265. The current closure and/or post-closure cost estimates covered by such a test are shown for each facility: None
4. This firm is the owner or operator of the following hazardous waste management facilities for which financial assurance for closure or, if a disposal facility, post-closure care, is not demonstrated either to EPA or a State through the financial test or any other financial assurance mechanism specified in Subpart H of 40 CFR Parts 264 and 265 or equivalent or substantially equivalent State mechanism. The current closure and/or post-closure cost estimates not covered by such financial assurance are shown for each facility: None
5. This firm is required to file a Form 10K with the Securities and Exchange Commission (SEC) for the latest fiscal year.

The fiscal year of this firm ends on December 31. The figures for the following items marked with an asterisk are derived from this firm's independently audited year-end financial statements for the latest completed fiscal year, ended December 31, 1982.

1. Sum of current closure and post-closure cost estimates (total of all cost estimates shown in the four paragraphs above) \$16,000 Closure

GRANT'S ADMINISTRATION  
BUREAU  
RECORDS

MAY 23 12 27 PM '83

ENVIRONMENTAL

NEW YORK

May 16, 1983

*2.	Total liabilities	\$13,767,000
*3.	Tangible net worth	\$89,155,000
*4.	Net worth	\$89,155,000
*5.	Current assets	\$33,815,000
*6.	Current liabilities	\$12,167,000
*7.	Net working capital	\$21,648,000
*8.	The sum of net income plus depreciation, depletion, and amortization (Loss)	\$(5,186,000)
*9.	Total assets in U.S. (required only if less than 90% of firm's assets are located in the U.S.)	\$74,600,000

---

	<u>Yes</u>	<u>No</u>
10. Is line 3 at least \$10 million?	X	
11. Is line 3 at least 6 times line 1?	X	
12. Is line 7 at least 6 times line 1?	X	
*13. Are at least 90% of firm's assets located in the U.S.? If not, complete line 14.		X
14. Is line 9 at least 6 times line 1?	X	
15. Is line 2 divided by line 4 less than 2.0?	X	
16. Is line 8 divided by line 2 greater than 0.1?		X
17. Is line 5 divided by line 6 greater than 1.5?	X	

---

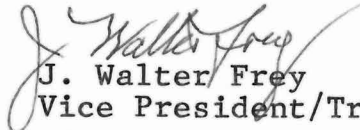




May 16, 1983

I hereby certify that the wording of this letter is identical to the wording specified in 40 CFR 264.151(f) as such regulations were constituted on the date shown immediately below.

(Signature)  
(Name)  
(Title)  
(Date)

  
J. Walter Frey  
Vice President/Treas.  
May 16, 1983

JWF/kes





3600 MARINE MIDLAND CENTER  
BUFFALO, NY 14203  
716 856-4650

May 16, 1983

Mr. J. Walter Frey  
Vice President and Treasurer  
Trico Products Corporation  
817 Washington Street  
Buffalo, New York 14203

Dear Mr. Frey:

We refer to your letter of May 16, 1983 addressed to the Regional Administrator of the United States Environmental Protection Agency ("EPA") in which you refer to your firm's use of the financial test ("financial test") to demonstrate financial assurance, as specified in Subpart H of 40 CFR Parts 264 and 265.

At your request, we compared the data specified (i.e., items 5-2, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 5-9 and 5-13) in your letter as having been derived from the audited financial statements of Trico Products Corporation for the year ended December 31, 1982. Such financial statements were examined by us and our unqualified opinion thereon expressed at March 7, 1983. In this regard, no matters came to our attention which caused us to believe that the specified data should be adjusted.

Our work was performed solely to assist you in demonstrating satisfaction of the financial test by Trico Products Corporation to the EPA; our report should not be used for any other purpose.

Yours very truly,

A handwritten signature in cursive script that reads "Price Waterhouse".



## New York State Department of Environmental Conservation

## MEMORANDUM

TO: File via Mr. Tyger  
 FROM: Mr. Hintz  
 SUBJECT: Trico Products, Inc. RCRA Inspection

DATE: July 9, 1981

OCT 16 11 56 AM '81  
 ENVIRONMENTAL PROTECTION  
 AGENCY  
 NEW YORK, N.Y. 10007

RECEIVED

JUL 22 1981

BUREAU OF HAZARDOUS WASTE  
 DIVISION OF SOLID WASTE

On July 9, 1981 this writer inspected the three Trico plants in Buffalo:

Plant 1 - 817 Washington Street, Buffalo, New York - NYD002107399

Plant 2 - 2495 Main Street, Buffalo, New York - NYD000813386

Plant 3 - 500 Elk Street, Buffalo, New York - NYD000813394

As a result of this inspection, the following information was obtained in addition to that shown on the inspection forms:

Plant 1 - Generator and storage facility - Generator of F001 and F008 non-specific waste sources. In the past the F001 (halogenated solvents) waste was picked up by Kroll. Now that Kroll is in trouble with DEC, Trico is trying to arrange for disposal at Frontier Chemical.

The F001 waste (<sup>trichloroethylene</sup> trichloroethane and methylene chloride) is still bottom waste which comes from their distillation units at plans 1 and 2. This waste is stored on site.

The F008 non-specific waste is cyanide plating waste which results from the cleaning of the exhaust fans and ductwork. This waste is transported to plant 3 for mixture with the plating rinse waste which is discharged to BSA after being converted to cyanate.

Plant 2 - Just F001 waste (<sup>ethyl</sup> trichloroethane) is produced at this plant. This waste is transported to plant 1 for storage.

Paint sludge also produced at plant 2, but paint sludges were removed or delisted by EPA. In addition, analysis of the paint sludge shows it to be non-hazardous. Now it is being disposed of in bulk form at the CECOS intermediate landfill. Niagara Sanitation is the hauler. This paint sludge is being manifested for their own purposes and for CECOS. The State DEC is not receiving copies.

Plant 3 - F001 waste (<sup>ethyl</sup> trichloroethane) and F008 (cyanide waste) is being generated at this site. The trichloroethane is transported to plant 2 for further distillation.

The F008 waste (cyanide) results from the cleaning and maintenance of the plating operation. This waste is discharged to BSA as cyanate.

All hazardous waste is transported and stored in 55-gallon drums.





Some of the materials coming into the plant are hazardous. These barrels are sent back to manufacturer, rinsed thrice for use in plant as trash containers for storage and transfer of waste, or picked up by barrel reclamation facilities.

Originally, plants 2 and 3 were listed as storage facilities. However, storage (beyond 90 days) is only permitted at plant 1. Hence, Trico has requested EPA to drop plants 2 and 3 as storage facilities.

Trico Products, Inc. also is a hazardous waste transporter. They transport the hazardous waste between plants. The vehicles have industrial waste hauler permits from this Department - 9A-131.

KRH:las



47-15-14(5/81)

RCRA GENERATOR INSPECTION FORM

COMPANY NAME:

TRICO PRODUCTS CORP.

EPA I.D. NUMBER:

NYD000 813394

COMPANY ADDRESS:

500 EIK ST. B. Albany, NY

C Plant #3)

COMPANY CONTACT OR OFFICIAL:

INSPECTOR'S NAME:

Albert Kemnitz

Kevin R. Hintz

TITLE:

BRANCH/ORGANIZATION:

Plant Engineer

NYS DEC

CHECK IF FACILITY IS ALSO A TSD

DATE OF INSPECTION:

FACILITY      

7/9/81

YES

NO

DON'T  
KNOW

(1) Is there reason to believe that the facility has hazardous waste on site?   X        

a. If yes, what leads you to believe it is hazardous waste?  
Check appropriate box:

☒ Company admits that its waste is hazardous during the inspection.

☒ Company admitted the waste is hazardous in its RCRA notification and/or Part A Permit Application.

☒ The waste material is listed in the regulations as a hazardous waste from a nonspecific source (§261.31)

☐ The waste material is listed in the regulations as a hazardous waste from a specific source (§261.32)

☐ The material or product is listed in the regulations as a discarded commercial chemical product (§261.33)

☐ EPA testing has shown characteristics of ignitability, corrosivity, reactivity or extraction procedure toxicity, or has revealed hazardous constituents (please attach analysis report)

☐ Company is unsure but there is reason to believe that waste materials are hazardous. (Explain)

YES

NO

DON'T  
KNOW

- b. Is there reason to believe that there are hazardous wastes on-site which the company claims are merely products or raw materials?

Please explain:

- c. Identify the hazardous wastes that are on-site, and estimate approximate quantities of each.

F001- TRICHLORO ETHYLENE

F008 - Cyanide waste

- d. Describe the activities that result in the generation of hazardous waste.

TRICHLORO ETHYLENE - degreasing

Cyanide waste - cleaning & maintenance

- (2) Is hazardous waste stored on site?

- a. What is the longest period that it has been accumulated?

- b. Is the date when drums were placed in storage marked on each drum?

- (3) Has hazardous waste been shipped from this facility since November 19, 1980?

- a. If "yes," approximately how many shipments were made?

(2)

- (4) Approximately how many hazardous waste shipments off site have been made since November 19, 1980?

- a. Does it appear from the available information that there is a manifest copy available for each hazardous waste shipment that has been made?

- b. If "no" or "don't know," please elaborate.



YES      NO      DON'T  
KNOW

c. Does each manifest (or a representative sample) have the following information?

- a manifest document number
- the generator's name, mailing address, telephone number, and EPA identification number
- the name, and EPA identification number of each transporter
- the name, address and EPA identification number of the designated facility and an alternate facility, if any:
- a description of the wastes (DOT)
- the total quantity of each hazardous waste by units of weight or volume, and the type and number of containers as loaded into or onto the transport vehicle
- a certification that the materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation under regulations of the Department of Transportation and the EPA

X      —      —

X      —      —

X      —      —

X      —      —

X      —      —

X      —      —

*Signatures & dates are illegible*

X      —      —

(5) Were there any hazardous wastes stored on site at the time of the inspection?

—      X      —

a. If "yes," do they appear properly packaged (if in containers) or, if in tanks, are the tanks secure?

—      —      —

b. If not properly packaged or in secure tanks, please explain.

c. Are containers clearly marked and labelled?

—      —      —

d. Do any containers appear to be leaking?

—      —      —

e. If "yes," approximately how many?

- |  | <u>YES</u> | <u>NO</u>           | <u>DON'T<br/>KNOW</u> |
|--|------------|---------------------|-----------------------|
| *(6) Has the generator submitted an annual report to EPA covering the previous calendar year?  | —          | <u>X</u>            | —                     |
| a. How do you know?  |            | <i>Not required</i> |                       |
| <br>(7) Has the generator received signed copies (from the TSD facility) of all manifests for wastes shipped off site more than 35 days ago? | <u>X</u>   | —                   | —                     |
| a. If "no," have Exception Reports been submitted to EPA covering these shipments?   | —          | —                   | —                     |
| <br>(8) General comments.  |            |                     |                       |

\* The effective date for this requirement is March 1, 1982.

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

GRANTS ADMINISTRATION  
BRANCH  
REGION II

JUL 26 11 49 AM '82

ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, NEW YORK 10007

July 12, 1982

United States Environmental Protection Agency  
Region II  
26 Federal Plaza  
New York, New York 10278

Dear Sir:

Re: NYD 002107399  
Trico Products Corporation

As provided under Title 40, CFR Section 265.147,  
attached is a signed duplicate original of the Hazardous  
Waste Facility Liability Endorsement demonstrating Trico's  
liability coverage.

Very truly yours,



William R. Brown  
Tax & Insurance  
Section

WRB/kes



1919

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This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

(The following information is required only when this endorsement is issued subsequent to preparation of policy.)

Endorsement effective 2/15/82 Policy No. L 291 42 56 Endorsement No. 1  
 Named Insured Trico Products Corp. & Julia R. & Estelle L. Foundation, Inc.  
 Additional Premium \$ NIL Countersigned by [Signature] (Authorized Representative)

This endorsement modifies such insurance as is afforded by the provisions of the policy relating to the following:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**  
**MANUFACTURERS AND CONTRACTORS LIABILITY INSURANCE**  
**OWNERS, LANDLORDS AND TENANTS LIABILITY INSURANCE**  
**SMP LIABILITY INSURANCE**

### Umbrella Liability Policy

**HAZARDOUS WASTE FACILITIES — AMENDATORY PROVISIONS**

It is agreed that the following additional provisions apply with respect to a Hazardous Waste Treatment, Storage, or Disposal Facility subject to the financial responsibility requirements of Title 40 CFR Part 264.147 or 265.147 (Environmental Protection Agency Regulations); provided that the name, address or location, and EPA Identification Number of such facility are shown in the Schedule below.

1. The following provisions apply, in place of the limits of liability provisions shown elsewhere in this policy, to the company's liability for damages because of bodily injury or property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants from any facility shown in the Schedule of this endorsement.

Regardless of the number of: (1) facilities shown in the Schedule of this endorsement; (2) insureds under this policy; (3) persons or organizations which sustain bodily injury or property damage; or (4) claims made or suits brought:

- (a) the total liability of the company for all damages because of all bodily injury and all property damage shall not exceed the limit of liability shown in the Schedule of this endorsement as "aggregate;"
- (b) subject to (a), the total liability of the company for all damages because of all bodily injury and all property damage arising out of a single occurrence shall not exceed the limit of liability shown in the Schedule of this endorsement as "each occurrence."



For the purpose of determining the limit of the company's liability, all bodily injury and property damage arising out of a sudden and accidental discharge, dispersal, release or escape of irritants, contaminants or pollutants, including all bodily injury and property damage arising out of all subsequent exposure of persons and property to such substances, shall be considered as arising out of a single occurrence.

2. The company shall pay any applicable deductible amount and, upon notification of such payment, the named insured shall promptly reimburse the company for the amount so paid. This provision does not apply with respect to that amount of any deductible for which financial responsibility is demonstrated as specified in 40 CFR 264.147 (f) or 265.147 (f).
3. Neither the company nor the insured may terminate the insurance provided herein for any facility except by providing written notice to the other party and the Regional Administrator(s) of the EPA Region(s) in which such facility(ies) is (are) located. Termination by cancellation shall be effective no fewer than sixty (60) days after such written notice is received by the Regional Administrator; other termination shall be effective no fewer than thirty (30) days after receipt of such notice.

Name of Facility      Address or Location      EPA Identification Number

Trico Products Corp.      817 Washington Street      NYD002107399

Buffalo, New York 14203

Limits of Liability

\$1,000,000 aggregate  
\$2,000,000 each occurrence

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

November 24, 1980

EPA Region II  
Permits Administration Branch  
Room 432  
26 Federal Plaza  
New York, N.Y. 10007

File NYD002107399

Gentlemen:

This corporation operates three (3) facilities in Buffalo, N.Y. identified as follows:

Plant #1	817 Washington St.	14203
Plant #2	2495 Main St.	14214
Plant #3	500 Elk St.	14210

At the time of filing Notification of Waste Activity (EPA Form 8700-12) for each facility we had received a Notification Package and ID No. NYD002107399 for Plant #1 only. Therefore, 8700-12 Forms were submitted for Plant #2 and Plant #3 without ID numbers.

After the required filing date and our submittal, we received Notification Packages for Plant #2 and Plant #3 which assigned ID numbers as follows:

Plant #2	NYD 000523787
Plant #3	NYD 000523779

→ delete?

The acknowledgement forms, just received, have assigned ID numbers as follows:

Plant #1	NYD 002107399
Plant #2	NYD 000813386
Plant #3	NYD 000813394

Since there apparently are two active ID numbers for both Plant #2 and Plant #3, will you please advise which numbers to use for these plants and further, arrange to cancel the remaining numbers.

Very truly yours,

*A. J. Kemnitzer*

A. J. Kemnitzer  
Plant Engineer

PAB  
NOV 25 2 01 PM '80  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007



Direct Reply To:  
817 Washington St.  
Buffalo, N.Y. 14203

RECEIVED  
JAN 10 1964  
FBI - NEW YORK

TO: DIRECTOR, FBI  
FROM: SAC, NEW YORK

SUBJECT: [Illegible]

Re New York letter to Bureau dated 1/8/64, captioned as above.

Enclosed for the Bureau are two copies of a letterhead memorandum (LHM) dated and captioned as above.

The LHM contains information regarding the activities of [Illegible] and [Illegible] in the New York area.

It is requested that you advise the Bureau of any further information received regarding this matter.

Very truly yours,  
[Illegible Signature]

[Illegible Title]

Enclosure

[Illegible text]

Very truly yours,

[Illegible Signature]

# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

2

1980 AUG 18 PM 9:14

August 15, 1980

U. S. Environmental Protection Agency  
Post Office Box 9655  
Rosslyn Station  
Arlington, VA 22209

RE: Consolidated Permits Application

Dear Sir:

We have enclosed a pre-printed post card for Form 1 and Form 3 of the Consolidated Permit Application which has been completed and pertains to our facility at 817 Washington Street, Buffalo, N.Y. 14203 (EPA I.D. NYDOO2107399).

We also operate facilities at 2495 Main Street, Buffalo, N.Y. 14214 and 500 Elk Street, Buffalo, N.Y. 14210 and have submitted U.S.E.P.A. Notification of Hazardous Waste Activity (EPA Form 8700-12, 6-80). We did not receive forms with pre-printed labels for these two facilities nor did we receive post cards for the Consolidated Permits Application.

Accordingly, at this time, we do not have an EPA I.D. number for these latter two facilities.

Will you please forward two (2) Consolidated Permit Application post cards to the writers attention at Trico Products Corporation, 817 Washington Street, Buffalo, N.Y. 14203.

2 PERMITS

Very truly yours,

TRICO PRODUCTS CORPORATION

*A. J. Kemnitz*

A. J. Kemnitz  
Plant Engineer





Handwritten text at the top of the page, possibly a header or title, which is mostly illegible due to fading.

First main paragraph of handwritten text, consisting of several lines of cursive script.

Second main paragraph of handwritten text, continuing the narrative or list.

Third main paragraph of handwritten text, appearing as a distinct section.

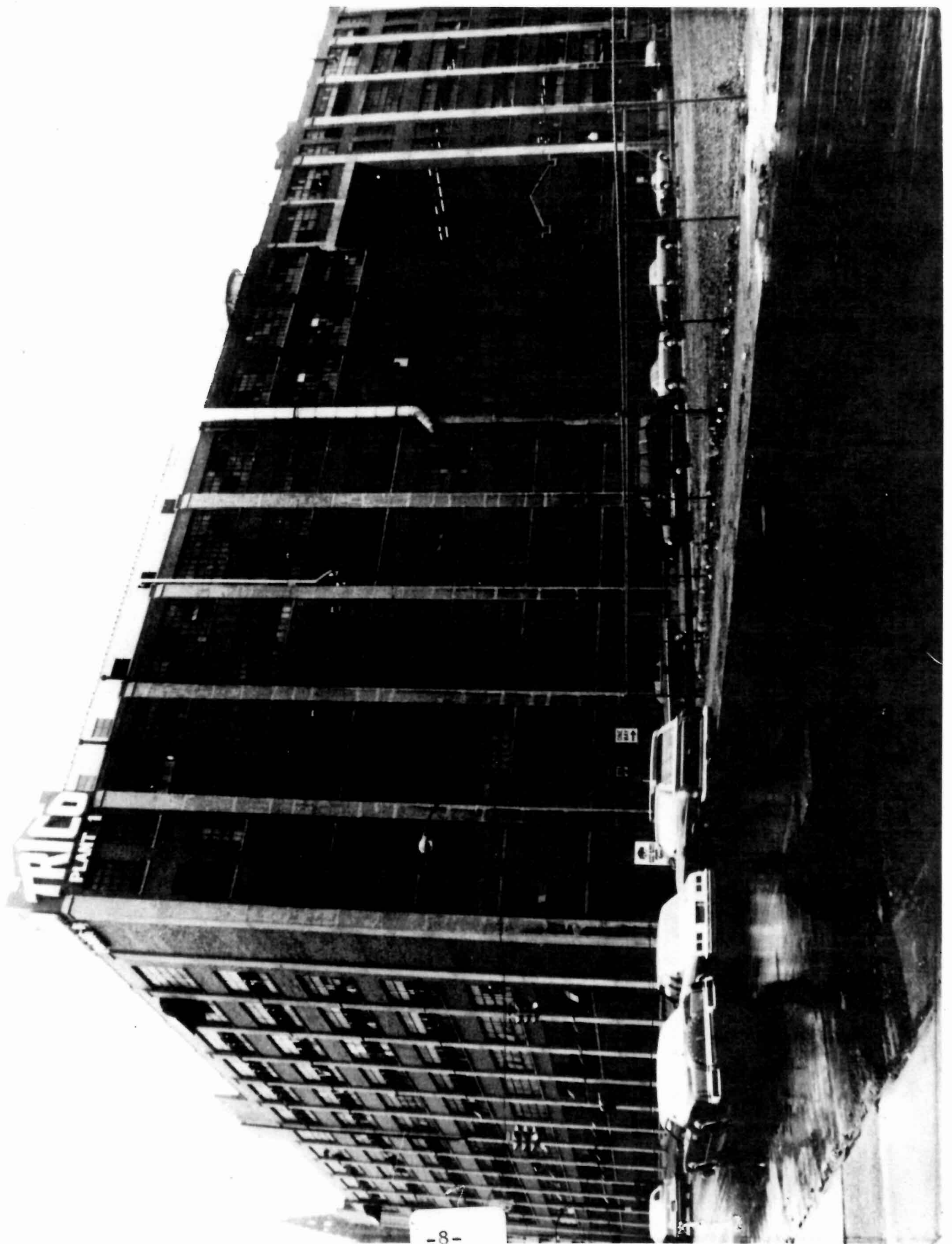
Fourth main paragraph of handwritten text, located in the lower middle section of the page.

Small handwritten note or signature at the bottom left of the page.

Vertical handwritten text on the right side of the page, possibly a date or a reference.

Handwritten text at the very bottom of the page, possibly a footer or a concluding note.







# TRICO PRODUCTS CORPORATION

**BUFFALO, N.Y. 14203**

NYD 002107399

November 11, 1983

Mr. Frank Langone  
Solid Waste Branch  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, N.Y. 10278

Dear Mr. Langone:

During your inspection of hazardous waste activities at Trico Products Corporation, Plant 1, EPA I.D.: NYD 002107399, September 23, 1983 you noted that the TSD manifest receipt copy of a March 1983 hazardous waste shipment was not available in our files. You further requested, that when such receipt was made available, a copy be forwarded to you.

Attached please find such copy.

Very truly yours

TRICO PRODUCTS CORPORATION

*Albert J. Kemnitzer*

Albert J. Kemnitzer  
Plant Engineer

dw





Part B: *7000 Paving Corp*

GEN EPA ID# *NY00004197377*

TRANSPORTER NO. 1 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
*13* *10* *1993*  
Mo. Day Yr.

TRANSPORTER NO. 2 SIGNATURE "To the best of my knowledge the contents of the shipment I have accepted for transport conforms with the description on this manifest."

TRANSPORTER NO. 2 PERMIT NUMBER *11111111*

DATE RECEIVED  
Mo. Day Yr.

TRANSPORTER NO. 2 SIGNATURE "I certify that I have not tampered with or materially altered the contents of this shipment."

DATE DELIVERED  
Mo. Day Yr.

TREATMENT STORAGE OR DISPOSAL FACILITY INDICATION OF ANY DIFFERENCES BETWEEN MANIFEST AND SHIPMENT OR LISTING OF REASONS FOR AND DISPOSITION OF REJECTED MATERIALS

HANDLING METHOD					
1	<i>501</i>	2			
3	<i>763</i>	4			
5		6			

TREATMENT STORAGE OR DISPOSAL FACILITY SIGNATURE "Upon visual inspection, I certify that the contents of this shipment conform with the description on the manifest except those discrepancies noted on this form."

SIGNATURE *Charles L. Howard*  
Please print of type name also

DATE RECEIVED  
*13* *10* *1993*  
Mo. Day Yr.

In case of emergency or spill immediately call the National Response Center (800) 424-9302 and the N.Y. Department of Transportation (518) 457-7262.

DOCUMENT NO. NY **111986**

COPY 4 TSD Facility—Retained by TSD Facility





# TRICO PRODUCTS CORPORATION

BUFFALO, N.Y. 14203

November 22, 1983

Mr. Ernest A. Regna  
Chief Solid Waste Branch  
U.S. Environmental Protection Agency, Region II  
26 Federal Plaza  
New York, N.Y. 10278

Re: Trico Products Corporation - Plant 1  
EPA Identification Numbers: NYD002107399  
Storage Facility

Dear Mr. Regna:

Interim authority was granted for the operation of an Hazardous Waste Storage Facility at Trico Products Corporation, Plant 1 under application dated November 14, 1980 and in accordance with Section 3005 of RCRA. We have reviewed the necessity for continuing the existence of this storage operation and have determined, based on experience, that such need no longer exists. It is our intention to terminate the operation and disband the facility prior to January 1, 1984.

Prior to 1980, a study was made of our estimated rate of hazardous waste generation, those companies capable of properly handling these materials and the costs for such disposal. At that stage of development of the hazardous waste industry it was not economically sound for us to properly dispose of hazardous waste in less than 90 days of its generation (262.34 b). Costs associated with LTL shipments were unreasonable. On this basis the storage facility was established for accumulation of quantities of waste prior to shipment for disposal.

The same economic conditions that caused the establishment of this facility no longer exist. The types and rates at which we generate hazardous waste are now defined. The disposal industry now provides economically viable small quantity disposal service. In addition, New York State has levied a Hazardous Waste Program Fee of \$ 6000.00 annually. Based on these conditions, our intention is now to manage hazardous waste under 262.34 (a) and dispose of such wastes in less than 90 days of its generation.





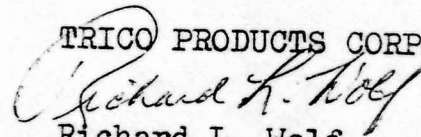
Those wastes now on hand in this facility will be properly analyzed, classified and disposed of.

We therefore request that Trico Products Plant 1 Interim Authority for operation of an Hazardous Waste Storage Facility be withdrawn.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Very truly yours

TRICO PRODUCTS CORPORATION

  
Richard L. Wolf  
Executive Vice President

dw

cc: Richard A. Baker ✓  
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and

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